The
CANADIAN NURSE

A MONTHLY JOURNAL FOR THE NURSES OF CANADA
PUBLISHED BY THE CANADIAN NURSES' ASSOCIATION

VOLUME FORTY-SEVEN NUMBER SIX

MONTREAL, JUNE, 1951

# Something is Being Done

*Average reading time — 7 min. 12 sec.*

TODAY, AS PERHAPS never before, nurses must grasp every opportunity to prepare themselves for the ever-mounting tasks that are being assigned to them, and at the same time conserve themselves for the particular functions for which they have been prepared. Nurses are all aware that such inconsistent demands create extreme pressures and frustrations. The latest set of circumstances to exaggerate the problems of nurses can be summed up in two phrases seen everywhere in our literature and press or heard from the public platform: Civil Defence and Atomic Warfare.

To grasp the opportunity of learning where these latest developments might take them, approximately 25 nurses from Canada attended training courses on Nursing Aspects of Atomic Warfare, given by the United States Public Health Service and National Security Resources Board. They developed mental indigestion trying to absorb days of lectures on nuclear physics. Ill prepared for advanced work, they studied far into the night in order that they might understand what could happen in atomic warfare and why. They learned a bit more about the magnificent possibilities of atomic power, if used for peaceful purposes, especially as it relates to medical progress. Each came home with a fervent prayer in her heart that this new power would only be used for the good of mankind, and never again to destroy.

The atomic weapon became a reality that could menace hundreds of thousands of human lives. However, the hours of study gave each nurse the comforting thought that there is nothing very extraordinary with regard to the effect of this new and highly powerful weapon. Almost all the victims that have succumbed did so in the same way as during ordinary bombings, to blast and heat, amplified, however, to an inconceivable degree. The only new element was radioactivity: the mass release of rays somewhat similar to x-rays. These affected only a small percentage of the survivors. It was found that no mystery, therefore, exists; there was nothing against which the modern world was entirely unequipped. It became evident that in the face of such a real danger, neither resignation nor a simple philosophical shrug of the shoulders was to be recom-

mended. At least, the risk should be inspected carefully and objectively and every means of protection investigated, as well as the remedying of after-effects and the bringing back to life and health of all who can survive.

Then, too, as the whole question of how radiation acts, how it can be detected, and how protection and shielding can be provided was discussed, it became quite clear that preparedness was a mighty weapon. If it should happen here, the resultant casualties could be reduced to less than those incurred at Nagasaki and Hiroshima. We could do something about it besides worrying.

It wasn't so long ago that Franklin Delano Roosevelt said, "We have nothing to fear but fear itself." How much more that means now than it did when he said it during the time of economic collapse. The nurses who took the course in the United States found that they gradually acquired a conviction that knowledge and planning could make the worst that could happen much less fearful.

But what is being done about it? Everybody is talking but little seems to be happening. It is that need to conserve nursing resources that has kept these nurses from making elaborate or precipitate plans. We cannot afford to use our already short medical and nursing personnel except for sound planning and effective action.

The first problems to be faced were: Who will initiate plans? Who will finance programs? It was demonstrated that there was definite need to establish new lines of authority for action. In time of war this is of necessity a government responsibility through the civil defence administration. The civil defence authorities need the cooperation of all other health agencies and organizations, but the brunt of the responsibility is theirs. In nursing there is a need to be explicit regarding the place of nurses' associations, hospitals, official and voluntary service agencies, etc., at national, provincial, and local levels. Cooperation and coordination, if not already established in civil defence planning, must be sought by all nurses. In Canada, the official civil defence organization is being set up, plans are gradually being developed and nursing is not being forgotten. Again, because of our great desire to conserve nursing time and energies, it is hoped that each local and provincial plan may mesh into an overall plan to meet the needs of all. This requires national leadership. Two questions are now raised: How can personnel best be trained for civil defence? What and where are our present nursing resources?

In the March issue of this *Journal* an article by Miss D. M. Percy gave an outline of the national organization for civil defence as it relates to health planning. This organization, particularly the Nursing Working Party (on which the C.N.A. has representation), is developing plans for courses in which those who studied in the United States may have an opportunity to share their knowledge with nurses across Canada. First, key nurses will be taught to teach others. They in turn will teach more nurses, and so on down the line until auxiliary groups are given that portion of the material that will assist them to work with nurses effectively in time of emergency.

At the same time, the Canadian Nurses' Association is working on a plan to survey all nurses and auxiliary nursing resources in order that the information may be available for our civilian needs, for civil defence authorities at all levels, and for mobilization, if necessary. It is hoped that, by securing this information as quickly and as completely as possible, duplication of effort and time loss because of inaccuracies or gaps in information, or perhaps even worse, will be prevented. We cannot afford to have great quantities of work done by already overworked nurses unless it is in a form that can be used by the people to be served.

All this takes time. Even though we know that the civil defence authorities at the federal level are endeavoring to set the machinery

in operation in order that each nurse may play her full part in the not-too-distant future, it is hard to wait. Recently an article on civil defence stated that in Britain, during the blitz, it was found that first aid treatments tended to delay patients on their way to more adequate medical care. Therefore, it was believed that no aid at all would be better than too much. This seems an apt illustration of the position of civil defence planning at the moment. Be assured that sound leadership is being given. The C.N.A. is doing everything in its power to see that information will be made available to the provincial nurses' associations and hence to each individual nurse as quickly as possible. The best thing to do at the moment is to make nursing strong and effective in every sphere of activity.

The nurses attending the courses on Nursing Aspects of Atomic Warfare learned a not unexpected lesson. Because of the nurse's professional knowledge and skills, because she is so available, because of her long history of adaptability, she will of necessity carry a great load of responsibility in any emergency involving mass casualities. However, in treating the casualties of atomic warfare nurses won't meet anything they have not met before—the difference will be one of numbers. There will be a preponderance of burns, a large number of fractures and traumatic wounds, a relatively small proportion of radiation absorption victims. To face the question of handling mass casualties, nurses need to be ready to give leadership, accept greater responsibilities, and change some traditional concepts of nursing. That nurses can and will adapt to meet new demands there is no doubt—they have a long history of doing just that.

HELEN G. MCARTHUR, M.A.
*President*
*Canadian Nurses' Association*

## Ich Dien (I Serve)

Lord, Thou hast given unto us a duty
To minister to those who suffer pain;
To soothe the fevered brow, and tend with gladness,
To help restore to health and strength again.
And thus, we follow in Thy steps, Lord Jesus,
Whose heart was touched with all the woes of men;
Who, with o'erflowing love and tender mercy,
Gave health, and joy, and gladness unto them.
So keep us, Lord, like unto Thee in all things,
Save from impatient act, or word that smarts;
That we may serve as unto Thee dear Saviour,
With tender hands and eyes, and loving hearts.
"Like Christ in everything"— thus shall we seek
Whene'er we go on duty, night or day;
To so present Thee to a world of sickness,
As Lord and God—The Light, the Truth, the Way.

—THOS. L. WHITE

# Recent Trends in Indications for Caesarean Section

E. H. McFadyen, M.D., F.A.C.S.

*Average reading time — 5 min. 12 sec.*

With the improvements in operative technique, the relative safety of blood transfusions, and the antibiotics, Caesarean section has ceased to be the feared operation of a few years ago. Consequently, there has been an upward swing in the percentage of Caesareans performed and also a readjustment of the indications for this procedure.

At the present time in properly equipped centres, presided over by competent men, the maternal mortality rate following Caesarean is no higher than that of vaginal delivery. Along with this there is a lower fetal mortality and a much lower incidence of birth injury.

The greatest change in indications for Caesarean section has come where there is disproportion. The long hard labor with traumatic mid-forceps is disappearing. In the past, one worried about the fetal head in proportion to the pelvic inlet which, except in the breech, is not a worry at all. If after a fair trial of labor, the head has not engaged, then there must be disproportion and a Caesarean may be done. It is the contracted mid-pelvis and contracted outlet which are the causes of trouble. Here the head becomes engaged and through labor becomes wedged into the pelvis. These are the cases that end in hard mid-forceps with severe trauma to the birth canal and often stillbirth or serious illness to the child. Now, thanks to improved x-ray techniques, a greater awareness on the part of the obstetrician, and the relative safety of Caesarean section, this picture is becoming a thing of the past. D'Esopo, of Sloane Hospital for Women in New York, goes so far as to say he hopes to see the day when mid-forceps will be as rare and as contraindicated as high forceps.

Next in line in the upsurge of Caesarean section is in placenta previa. The indications for Caesarean section in this condition have been simplified and broadened to include any case in which there is active bleeding, with a viable baby, which cannot be controlled by simple vaginal procedures.

The rule, "Once a Caesarean, always a Caesarean," should be closely observed. One knows that vaginal delivery is often carried out successfully but when one realizes that if the uterus ruptures the baby is always lost, and that there is an average maternal mortality of 40 per cent, it seems ridiculous to even think of taking the chance.

Uterine inertia is a definite indication for Caesarean section. The difficulty is in recognizing the inertia. One believes that if a patient has weak or incoordinate uterine action for over 48 hours, a Caesarean should be performed. In using this as an indication, one must not overlook the fact that after a period of this type of labor, if given a rest, the patient will often resume her labor in a really active manner.

Previous difficult labor as an indication for Caesarean section depends on the size of the baby and other immediate circumstances.

Previous vaginal or cervical surgery should, in most cases, be an indication for Caesarean.

Abruptio placenta in any case of a long closed cervix, regardless of the condition of the baby, is an indication for Caesarean in the interests of the patient. Any case of abruptio

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placenta with a living viable baby should be sectioned.

Toxemia of pregnancy is a very controversial topic when discussing indications for Caesarean section. However, one believes that in the cases of fulminating or unremitting toxemia where labor cannot be easily induced by rupture of the membranes, Caesarean should be done in the best interests of both the mother and the child.

Diabetes mellitus has come to the fore in recent years as an indication for early Caesarean section. If these patients are allowed to carry on, the percentage of stillborns is very high. In some cases of controlled diabetes with intensive treatment by ovarian hormones, a successful vaginal delivery is achieved, but it is a very exacting and expensive régime.

So far, we have mentioned the conditions in which there is an increase in the incidence of Caesarean section but there are conditions which, in the past, had a high incidence of Caesarean and have now shown a distinct drop. Notable among these are heart conditions. In the past, a pregnant woman with a bad heart was an excellent candidate for Caesarean. In recent years it has been learned that these patients stand labor better than they do the operation and, consequently, there has been a distinct drop in the number of Caesareans performed for this condition.

In discussing Caesarean section it is only appropriate to say a few words concerning the types of operation to be done. The low segment Caesarean section, with either a transverse or vertical incision, has become almost universally used and, in infected cases, is used with hysterectomy. There are some clinics, such as the Margaret Hague, where the extra peritoneal section has been popularized and technique perfected to where it is very safe in their hands. However, for the obstetrician who is not well trained in this technique, the low-flap operation is entirely satisfactory. There remain at the present time very few indications for a classical Caesarean section.

In closing, may I say that although this paper may give the impression that Caesarean sections are now being done in a wholesale manner, that is far from the truth. Most women are normal and have normal deliveries of normal infants. The average incidence of Caesarean section in 10 of the larger obstetrical centres in the United States is 4.9 per cent, which is an increase of 3-4 per cent over 15 years ago. That this increase is justified is shown by the decrease in severe damage to the mothers and their infants.

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## Victorian Order of Nurses

The following are staff changes in the Victorian Order of Nurses for Canada:

**Appointments**—Edmonton: *Tine Velema* (Diaconessenhuis Emmen, Drenthe, Holland). Montreal: *Margaret Powell* (Ottawa Civic Hosp. and University of Toronto). Vancouver: *Mabel Birtch* (Royal Columbian Hosp., New Westminster).

**Reappointment**—Vancouver: *Ruth (O'Neil) Weller.*

**Transfers**—*Bessie Buch* from Ottawa to be nurse in charge, Lockeport, N.S.; *Mary Martin* from Chatham, Ont., to be nurse in charge, North Bay.

**Resignations**—Edmonton: *Mrs. Mary Fenwick.* Montreal: *Mmes Evelyn Cash, Eva Schector.* North Bay: *Winnifred Tredaway* as nurse in charge. Peterborough: *Mary Ross* as nurse in charge. Surrey, B.C.: *Mrs. Marie Grant.* Toronto: *Doris Knechtel.* Vancouver: *Olive Gordon, Nora Main, Marion Russell.* Walkerton, Ont.: *Leafa Baldwin* as nurse in charge. York Township, Ont.: *Kathleen Callaghan.*

# Nursing Care in Poliomyelitis

JOYCE M. CAMPBELL

*Average reading time — 30 min. 24 sec.*

At the Canadian Nurses' Association biennial convention in June, 1950, four senior student nurses from the Vancouver General Hospital presented an excellent lecture-demonstration in the nursing care of poliomyelitis. The patient, AILEEN ROSS, was another senior student nurse. Their program included a review of the signs and symptoms of poliomyelitis by RUTH POLLARD, the general and special nursing care by GWENDOLYN CRAIG, the rehabilitation by BETTY CAMPBELL, and a demonstration of a full body pack, a prone pack, and three types of respirators by all students. NORAH RIDING acted as commentator during the demonstrations. The presentation of the material followed the above sequence.

## DEFINITION, PREDISPOSING CAUSES

Poliomyelitis is defined as an acute generalized systemic disease characterized by a tendency toward involvement of the general nervous system.

Of its several predisposing causes, age has considerable importance, adults being less frequently attacked than children but in recent years there has been an increasing tendency for the disease to strike in the older age groups with up to 25 per cent of the cases occurring among adults in some epidemics. However, the predominance of cases is still in the adolescent group, the changes incidental to puberty being thought to predispose to the disease. Another factor may be nutritional disturbances such as vitamin deficiency. In pregnancy there is three times the expected rate of cases. Although the male is commonly said to be the stronger sex, he is attacked in the ratio of 3:2, the death rate being in the same proportion. No race is immune to poliomyelitis and heredity does seem to play a part, certain types of individuals appearing to be more often affected than others. Strangely enough the well-grown, plump child with widely separated front upper teeth, broad brow and round face, and the adult with overlapping incisors, highly arched palate and long face seem more susceptible.

Listed as immediate predisposing causes are tonsillectomy, tooth extractions, and other operative procedures on the upper respiratory tract which cause injury to the mucous membranes. Also, excessive fatigue, followed by chilling, over-exertion, strain, and over-heating are believed to predispose to poliomyelitis.

In the past it was felt that poliomyelitis struck only one member of a family but newer studies show that other members of the family probably suffered from abortive attacks at the same time.

The first cases of an epidemic generally occur in June, with an increasing number of victims in July and August but subsiding with the cooler weather of September and October. However, cases are known to occur the year round. It has been observed many times that the incidence during an epidemic is higher in more isolated communities because fewer people have developed an immunity from previous contact.

Unlike most of the other communicable diseases, poliomyelitis does not distinguish between rich and poor, the well-developed healthy child being victimized just as often as the poorly-nourished child.

## SIGNS AND SYMPTOMS

The exciting agent is one of the smallest of the filtrable viruses of which various strains with marked differences in virulence have been isolated. This virus is present in the nose and throat discharges of an in-

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fected person for about one week and has been found in the stools up to six and eight weeks after onset. It may be directly transmitted from person to person. Indirectly, a healthy carrier may be exposed to the virus, pass it in stools within a few days, but himself remain perfectly well. Water, raw milk, and other foods may be contaminated by carriers and flies in an epidemic area.

Entrance to the body is gained largely by way of the gastrointestinal tract. The virus is believed to be transmitted to the central nervous system from the mouth, pharynx, and intestines by way of the regional nerves.

Nerve cell destruction and degeneration occur only in the acute stage with complete destruction of anterior horn cells and laying down of connective tissue rarely taking place. Patchy distribution of damaged cells causes weakness, not paralysis.

Muscle fibres themselves are not destroyed by the virus—only the nerve cells which stimulate them. The degree of paralysis depends on the extent of anterior horn damage and the amount of recovery of some nerve cells when the cause of inflammation subsides.

Although most young children are probably susceptible, it is estimated that 70 per cent of city-dwelling adults are probably immune. A previous attack, even if so mild that it is unrecognizable, confers immunity. Rare second attacks are on record but are thought to be due to a different strain of virus.

The incubation period is given by some authorities as from one to 18 days but the onset usually occurs from 7 to 14 days after exposure to the virus. However, this is variable and uncertain.

The type of disease developed depends on whether the central nervous system is affected and, if so, the part affected. The mild or *abortive type*, recovering with no paralysis, and which strikes about 10 times as many people as those who go on to the more advanced stages, is systemic only. The *spinal type*, involving the anterior horn cells, may be either non-paralytic and show signs and symptoms of meningeal irritation but no paralysis, or paralytic, and result in varying degrees of flaccid paralysis. Cerebral poliomyelitis, affecting the vital centres of the medulla and the cranial nerves, is subdivided into *encephalitic*, causing spastic paralysis and temporary personality changes, and *bulbar*, which may result in respiratory and cardiac collapse.

The invasion stage may be suspected when a person is suffering from headache, nausea and vomiting, sore throat, slightly elevated temperature, listlessness and irritability during an epidemic. An abortive attack goes no further than this. However, there may be no apparent initial stage but a sudden temperature rise and immediate central nervous system involvements.

During the second or preparalytic stage, evidence of meningeal irritation is manifested when an attempt to flex the head forward on the chest causes pain. Such movement is resisted by the patient who tries to keep the spinal column rigid. There is spasm and pain in many parts, especially the back of the neck, extremities, and lower back. It is caused by pressure, movement or it may be spontaneous. Also, the skin of the entire body is hypersensitive to touch and handling. The temperature may reach 105°F. and remain elevated from four to five days. During this time the patient is apprehensive, irritable, and tense. There is vomiting in about 50 per cent of cases. Retention of urine, with overflow, and constipation may be indicative of bladder and bowel involvement.

The chances are in the ratio of 1:3 that the patient will have some weakness or paralysis. However, in the preparalytic stage, it is impossible to tell clinically or from spinal fluid findings if the patient will escape without paralysis.

In the dreaded third stage the actual paralysis is seen. The most commonly affected parts in spinal poliomyelitis are one or both legs, the arms, and more rarely the back,

abdomen, diaphragm, and intercostal muscles. Paralysis may take place from one to ten days after onset but is usually observed in from two to five days. It is, as a rule, asymmetrical, thus causing increased pain and deformity from the pull of the good side on the paralyzed side. The most highly fatal, bulbar poliomyelitis, involves the respiratory and cardiac centres, also the 9th to 12th cranial nerves inclusive, which innervate the pharynx, tongue, larynx, diaphragm and associated structures.

Respiratory difficulty, therefore, may be due to a number of causes, some of which are: failure of the respiratory centre; paralysis of the pharynx causing inspiration of unswallowed material; spasm of both vocal cords; and, because of deficient innervation to the muscles of respiration, spasms of the intercostal muscles, diaphragm, abdominal, shoulder and neck muscles. The gag reflex is lost, coughing is difficult to impossible, the voice is nasal and blurred, and there is danger of pneumonia from aspirated food.

Diagnosis is very difficult in cases which do not develop preparalytic signs because the first stage is so similar to an upper respiratory infection. Diagnosis is based on clinical signs and spinal fluid findings which show an increased white cell count from 10 to 500 cubic mm.; increased protein; and increased pressure. The cerebrospinal fluid examination is not 100 per cent diagnostic as up to 20 per cent of cases show no changes at all.

With each epidemic newer methods of diagnosis are coming to the fore and, with the aid of public interest, we hope that the future will bring about discoveries that will aid medicine in the prophylaxis and cure of poliomyelitis.

### General Nursing Care

When the patient with acute poliomyelitis is admitted to the hospital, the nurse's first consideration is to *assure mental rest.* Since it is a disease involving the nervous system the patient may be irritable and apprehensive, yet is usually keenly aware of his surroundings. There are several sources of anxiety, one of the most prominent being the mere knowledge of the diagnosis. A second factor is the strangeness of the hospital situation and ignorance as to how to act and how to cooperate. A third source of anxiety is the discovery of inability to move a limb. A fourth factor is the individual's concern about the unfinished business that his sudden departure from home has left behind and the difficulties involved in management of his responsibilities.

The second consideration is for *nourishing fluids, taken frequently, in small amounts.* If the patient is too ill to take liquids by mouth intravenous fluids may be given. Hypertonic fluids are preferred to water or ice chips since they help to limit or decrease effusion and edema in the affected areas of the cord and surrounding structures.

In the acute phase of the disease, when the process is still active and progressive, the *rate and depth of the respiratory excursion* should be observed in every case of poliomyelitis, even though all other signs pointing to respiratory involvement are absent. The temperature and pulse are observed and recorded as in any ordinary illness.

Routinely all beds used for anterior poliomyelitis patients must have a *firm mattress over a fracture board.* Blankets are used under and over the patient to avoid stimulation of a muscle by the coldness of a sheet. There is at least six inches between the foot end of the mattress and the bed proper. This allows free space for the heels. An 18-inch high foot-board is placed at the end of the bed to keep bed-clothes off the feet and prevent foot-drop. A small pillow for the head may or may not be used.

These patients are isolated for at least 21 days from onset. Children who have been exposed are quarantined for 14 days. Adults whose work brings them in contact with children, or with food to be eaten uncooked, are quarantined for the same period.

Concurrent disinfection is another

important precaution. *All nose and throat discharges should be disinfected or burned.* Since the virus has been found in the stools of these patients, bed-pans and contents are steam-sterilized, then the contents of the pan are emptied down the hopper and the pan is sterilized five minutes longer.

The skin requires special attention inasmuch as the frequent application of hot packs and excessive perspiration are very irritating. *Regular bathing is a necessity* but any rubbing or massaging is definitely contra-indicated as it would irritate already supersensitive muscles. When mild skin irritations exist, oil or calamine lotion may be applied.

*Elimination* is another important factor. Almost all patients are constipated shortly after admission. This may be due to lessened exercise or poor tone of the abdominal wall. A careful *record of the urinary output* should also be kept as retention with overflow is occasionally present, especially in adult patients.

When the patient exhibits no unusual gastric or intestinal symptoms, a soft but adequate diet should be given. No milk or milk products are allowed bulbar forms of the disease as they increase the formation of mucus.

Because of the hypersensitivity and restlessness of patients with this disease it is desirable, during the early acute stages, to control pain and insomnia with mild sedatives.

Last but not least is the *physical comfort of the patient.* A quiet atmosphere and absolute bed rest are indicated in the acute stage to avoid muscle fatigue. The affected parts should be kept in the position prescribed by the doctor. Pillows and sandbags may be used for immobilization.

### Special Nursing Care

One of the specific treatments in the care of poliomyelitis patients is the *Kenny Packs.* The first objective of these packs is to increase the circulation to the part and keep the muscles long, wide, and receptive to brain stimuli. The second objective is to maintain body metabolism by taking more oxygen to the nerve endings and removing more waste products. The last objective is to try to soften the muscle and reduce or prevent incoordination. Moist heat is applied at the hottest degree bearable. Gradually this heat is lost so that when a fomentation is removed it is cool, giving a mild contrast of temperature for vasomotor tonic effect. Woollen cloths, cut to fit the affected parts, are steamed in a hot pack machine, applied and covered with a waterproof cloth and a dry woollen cloth. They are pinned on firmly and left in place for 20 minutes. This is done four or five times daily.

During the early stages, it is absolutely essential that *good bed posture* is maintained. As nearly as possible, the symmetrical position should be maintained in bed, lying either on the back or on the face. The head of the bed should not be elevated and only a very thin pillow or no pillow at all is used. Patients are more comfortable if the knees are held at approximately 10 degrees flexion. This can be accomplished if a small rolled cloth is placed under the knees. The feet should be held directly against the foot-board with the ball of the foot and the heel in contact with the board.

Another very important treatment in the care of poliomyelitis patients and one that the public most often associates with this disease is the *use of the respirator* or "iron lung." The first principle to be followed in the use of the respirator is to use it at the first evidence of any paralysis of the intercostal muscles or the diaphragm. Care must be taken to avoid any fatigue of the patient. The nurse must be on the alert for signs of an increase in the rate of breathing, dilation of the nostrils, a slight respiratory grunt, or a disinclination to talk, for these are suggestive of respiratory muscle paralysis.

Let us now consider the nursing care of a patient in the respirator. Because of the difficulty in swallowing and in the use of the other pharyngeal muscles, care must be taken when

*Demonstrating the respirator.*

feeding the patient. Mucus in the throat will need to be suctioned off frequently to avoid the danger of aspiration and consequent pneumonia. The foot of the respirator may also be elevated to assist in drainage of secretions. Intravenous feedings of hypertonic glucose may be ordered. These patients should never be given milk or milk products for they increase the formation of mucus. The use of atropine is contraindicated as it results in the production of thick sticky secretions which are hard to remove.

A tracheotomy may be necessary in the bulbar types, whenever the cranial nerves involved cause the pharynx to collapse and thus obstruct the passage of air into the lungs. There is a definite change in the personality due to the anoxia. The patient becomes apprehensive, excitable, and nervous. The tracheotomy, however, allows him to sleep uninterrupted by choking attacks. It also enables him to be fed with much less fear of choking. It is quite easy to keep the trachea itself free from secretions by direct aspiration through the tracheotomy tube. *Never* under any circumstances should these patients be left unattended for the tube may at any time become blocked with mucus.

It is hard to realize that when poliomyelitis strikes a muscle of a limb, the whole limb may not be affected. For example, a patient may be able to supinate and pronate the forearm but is unable to raise it. Again, the thumb muscle may be paralyzed while the patient can move all his other fingers. When the trial of the voluntary use of a recovering muscle no longer causes quivering of muscle fibres, as seen in small groups of fibres, or in a whole gross muscle as a spasm, then reeducation is in order. After indicating the course of the muscle, the instructor carries out the appropriate movement while the patient concentrates on the movement.

Hydrotherapy is used to relax muscles and assist muscle re-education. The patients are lowered into tanks kept at a constant temperature of 102° to which 2½ ounces of Roccal 10%, a disinfectant, has been added. There the force of gravity is lessened and the patient is able to carry out his exercises with much more ease. These people are given sodium chloride tablets by mouth to help maintain normal body salt content while hydrotherapy is being used.

Research is constantly being carried out in an attempt to find a drug which will relieve the spasm and pain

caused by poliomyelitis. During the epidemic of 1949, the anesthetic department of the Vancouver General Hospital experimented with curare and Dilviscene. Curare causes partial block of the nerve impulse to the muscles, thereby lessening their contraction. Dilviscene on the other hand is a vasodilator. Priscol, another vasodilator, was also put on trial. As yet the specific drug in the treatment of poliomyelitis has not been found. Therefore, we, as nurses, must play a most important role in the recovery of these patients. The thoroughness of our nursing care will have a very marked affect on the future of our polio patients. It is well to remember that the psychological care, as well as the symptoms of general body disease, warrant more attention than is frequently given them by attendants whose primary interest is in the musculoskeletal system.

One more thing that spells success for our treatment is *teamwork*. Only with the cooperation of the doctors, nurses, dietitians, physiotherapists, and the social service worker can we hope to discharge a well-adjusted, recovered patient.

### Rehabilitation

Rehabilitation of polio patients is very important because of the great need to re-establish these people as quickly as possible in their normal way of life. Following the period of isolation they may be transferred to a convalescent ward, a convalescent hospital, or sent home where they will continue physical therapy under supervision.

Patients who have some loss of function of the musculoskeletal system and who require medical supervision and intensive physical therapy may have to spend several months in a convalescent hospital where all the necessary equipment is readily available. Here the patient begins to show signs of boredom due to inactivity. At this time the assistance of the nurses, along with the recreational therapist, a craft instructor, and bedside teacher, is required. Sometimes occupational therapy for diversional or therapeutic reasons may be prescribed.

A child's mental and recreational activities are an important part of his daily program. A full interesting day, well planned, helps to create a positive attitude toward his treatment and prevent psychological difficulties. However, the child should never be made to feel that he requires any special attention. In the home he should be considered as a regular member of the household and given only the special consideration his conditions require or he may become too dependent.

### Physical Therapy

A careful muscle test and record is made prior to this re-educative treatment which is the most commonly prescribed form of care for these patients. It includes application of heat in its various forms; muscle re-education, on a table or in a tank or pool, to re-establish coordination and develop strength in muscles whose nerve supply has not been permanently impaired; the stretching of contractures, and a specific training in functional activities such as walking or climbing stairs.

### Occupational Therapy

When used as a diversion this therapy contributes much to the happiness of the patient, making him more contented and willing to carry out doctors' orders. New interests must be created and developed. For handicapped patients, suitable occupations have a curative value in motivating and developing better functional use of muscles and increasing the range of joint motion. Fatigue and eyestrain must be carefully guarded against and periods of close work should be of short duration with adequate light.

### Physical Independence

The development of *physical independence* is important in rehabilitation. This necessitates relearning how to stand, walk, go up and down stairs, etc. The teaching and practice varies according to the degree of muscular

involvement, age, weight, and mental attitude of the patient. Here the nurse plays an important role in giving practical help and encouragement both to the patient and his family. It is her job to see that all activities are carried out according to instructions. Adaptation of furniture or equipment will be necessary to suit the need of the patient and adjusted to the proper height for a patient in a wheel-chair. Handholds should be fixed to the wall and carefully tested for safety.

Instruction is given in crutch-walking and gait-training. Crutches are carefully selected for size, the proper length being equal to the distance from the axilla to a point out six inches from the side of the foot. Crutch paralysis—that is, paralysis of the extensor muscles of the elbow, wrists, and fingers—must be guarded against by preventing any pressure on the radial nerve. Again, fatigue must be prevented.

Splints and casts may be ordered to maintain a desired position for the bed patient. Careful explanation of their use and value should be made to both patient and parent and instruction given for the proper application, general care, and protection of the body while the cast is applied.

Braces for additional support in standing and walking are used to prevent deformity when there is a marked imbalance of power between opposing muscles. Since these are very expensive, families should be taught the importance of their care. Careful observations must be made of the patient during the use of braces to see that he does not develop spinal curvature.

Slings are used seldom but may be ordered to support the weight of a dependent arm. They should be carefully fitted and tied. Careful watch must be kept on the posture of the patient.

Corsets and back braces are frequently prescribed for a patient with abdominal weakness when he begins to stand or walk.

Correct shoes are important—they should be sturdy, a perfect fit, and not allowed to run down at the heels or soles.

Surgery is performed only after conservative treatment has been given a long and intensive trial and is done to correct deformities, to secure stability of joints, and to improve function. In very young children bone operations are seldom indicated due to the interference in the growth centres as in the feet, wrists, and shoulders. The child must be kept under close observation to check any deformities which would prevent or make surgery more difficult. Soft tissue or plastic procedures on tendons and ligaments are done safely at the period of greatest growth.

### Follow-up Care

Careful follow-up treatment is planned for and given to the home patient. Home visits are made by the public health nurse who aids the family in adjusting to the patient and to carry out treatment begun in hospital. She also makes a careful observation of the patient's progress, seeing that a normal healthy routine—proper diet, rest, and general health habits—is maintained.

There are several special rehabilitation centres in Canada where carefully supervised instruction is maintained on a regular schedule by well qualified physiotherapists. In Vancouver we have a centre in the Shaughnessy (D.V.A.) Hospital. It is financed by a government grant, voluntary donations, and pay patients. There is a new wing which is equipped with a modern therapeutic pool. Specially trained supervisors carry on a regular, constructive program. They teach and supervise daily the progressive resistance exercises on a special Delorme table. They have a very modern lounge, dining-room, and living-in quarters where all furniture and equipment are built to meet the needs of wheel-chair patients. It is a home away from home, staffed with most pleasant personnel. The atmosphere does much to aid the patients both physically and mentally.

During the entire period of rehabili-

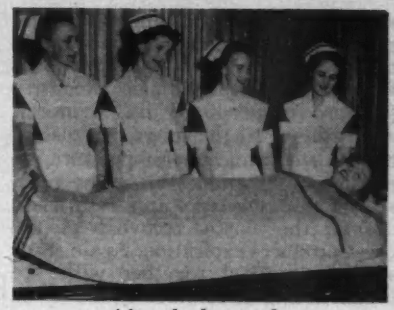
tation, closest cooperation of parents, doctors, nurses, physical therapists, and teachers is necessary if the afflicted individual is to get the training and education requisite to develop him into as independent and useful a citizen as possible. Parents are urged to take their children to organizations that have proved their competence in meeting problems of acute convalescent treatment. Here they will find the facilities, interests, and institutional relationships that ensure considerations of all aspects of their lives. Parents play a vital part in all efforts to help the child regain as much return of power as possible. With sympathy and understanding they lay a strong foundation for proper social and mental adjustment.

### Hot Packs

The first demonstration was the application of the Sister Kenny hot packs. Both a complete body pack and a prone pack were shown. Two students, one standing on either side of the bed, applied the packs as a third student handed them the packs in the correct order. The fourth student explained the equipment required and the method used. The following commentary will give the reader a picture of the way in which the demonstrations were carried out:

For these packs three pieces of material are required: an inner layer of hot moist woollen blanket, a middle layer of venetian cloth, and an outside dry piece of woollen blanket. The material is cut to fit the areas involved. All packs are rectangular or square except the thigh packs which are triangular and the pack to fit over the back of the neck, back, and shoulders which is shaped somewhat like a jacket.

The packs are heated in a special "polio-pak" electric machine which steams them thoroughly and does not necessitate either hand or machine wringing to remove excess moisture. Water is placed in the bottom of the machine which is then turned on. A light indicates that the element is operating. When the packs are hot enough for use the current is automatically cut off and the light goes out.



*After the hot packs.*

All packs are prescribed by the doctor as to their site and frequency. Usually they are applied every two hours for 20 minutes from 8:00 a.m. until 4:00 p.m. If a full body pack is ordered the packs are applied and pinned together in the following order: chest, abdomen, thighs, lower legs, foot, then the patient is turned and the nape of the neck, back, shoulders, forearms, and hands are packed. The thigh packs are applied with the apex of the triangle over the hip joint. The complete body pack is now used rarely.

Most often the muscles of the neck, the back, and the back of the legs, or hamstring muscles, are involved and the prone pack is ideal. The patient is made comfortable in the prone position and two packs are applied. The large jacket-like pack is applied over the nape of the neck, the back, and the shoulders. The second pack is square with a six-inch slit on one side giving the appearance of a pair of pants. This latter pack covers the buttocks and the back of the thighs. The prone pack cannot be used if there is involvement of the respiratory muscles or if the patient is very weak and cannot lie on his abdomen.

When applying hot packs the nurse must remember certain nursing care points. Careful observation of the patient must be constant to determine any sign of fatigue or chilling. At all times good body alignment must be maintained and lastly, when moving a limb, the weight should be taken at the joints to avoid injury to sensitive muscles.

### Respirators

The next demonstration was the placing of a patient in a Blanchard

respirator. This equipment is composed of two plastic chest shields held together with clamps and rubber fittings at the openings. Negative pressure is produced by a motor. Air rushes into the lungs, because of the greater atmospheric pressure, to produce inspiration. When the pressure within the respirator returns to normal the elastic recovery of the chest produces expiration. Again three students worked together with the fourth acting as commentator:

Two nurses raise the patient while the third places the back of the shield on the bed and smooths the bottom rubber skirt. The patient is lowered into the back part of the shield, the front piece is attached and secured with fasteners. The front rubber skirt is tucked well under the hips and the back of the skirt brought over the head on the shield and secured by fasteners. The entire skirt is then secured firmly around the hips with a rubber belt. Eight-inch rubber sleeves are slipped over the patient's arms, attached over the arm beads of the shield. The free end of the arm band is tightened by a rubber band in the same manner as a blood pressure cuff.

A terry towel is placed around the patient's neck to absorb perspiration and as a comfort measure. The rubber neck band is adjusted carefully and fastened to the bead of the shield. Finally, the shield is connected to the power unit by a rubber hose. Before starting the motor it is important that the control knobs marked "inhale" and "exhale" are turned off, otherwise too much suction may be applied and lung damage may result. After starting the motor adjust the pressure so that the dial registers approximately 14 cm. of water. Another dial regulates the rate of respirations. In the event of a power failure the machine can be operated by hand. This type of respirator is portable which is a great advantage. However, the patient must remain in one position to avoid altering the pressure and care to the back cannot be given.

The Kreiselmann respirator is a small hand respirator which may be used when the Blanchard respirator has to be removed to give adequate care to the patient. It consists of a mask which is fitted over the nose and mouth and bellows which are operated by hand. The Kreiselmann respirator is used only for short periods as an emergency measure.

The last demonstration was of placing a patient into a Drinker-Collins respirator. Three students again demonstrated while the fourth discussed the steps of the procedure and assisted as necessary:

The principle of the Drinker-Collins respirator is the same as the Blanchard respirator. First, the controls are turned off. Then the cot legs are put down, the head piece unclamped, collar band unzipped, and the cot drawn out. Three nurses lift the patient from the bed. Support is given to the head and neck. The patient is placed feet first into the lung and the head slipped through the opening. The fourth student steadies the head of the cot and places the small pillow under the patient's head. Next the cot is pushed into the lung, the neck band zipped closed, and the clamps locked. Sponge rubber pads are placed under the clamps to ensure maximum fitting. Lastly the motor is turned on and the negative pressure adjusted to 14 cm. water. The respirator or "iron lung" then begins to take over the respirations of the patient.

The modern type of Drinker-Collins respirator has many features which allow for good nursing care. A wire retractor may be inserted in the front of the neck piece to hold the rubber neck band away from a tracheotomy tube. The head of the cot may be raised or lowered for comfort.

Port-holes, protected by sponge rubber cuffs to maintain suction, are conveniently spaced in the side of the respirator to allow the nurse to bathe the patient or carry out treatments. The large bedpan port-hole, however, is not protected with sponge rubber and so must be kept closed unless absolutely necessary. Otherwise, suction will be lost. There is a small opening in the head plate which allows intravenous tubing to be introduced for intravenous therapy. If suction and drainage are necessary the foot of the lung can be elevated by raising the front cot legs and pumping with a hydraulic pump. The rate of respirations can be decreased or increased by loosening or

tightening the belt of the motor. In the event of a power failure the respirator can be operated by hand by disconnecting the bellows and attaching a handle to the box clamp.

Following the demonstration of the Drinker-Collins respirator the patient was returned to bed and the audience was invited to examine the equipment or ask questions of the students. Many questions followed and the equipment was examined carefully. Many nurses congratulated the students on their performance and the audience as a whole seemed very interested. The participating students enjoyed working on the project and also expressed their appreciation at having an opportunity to attend the C.N.A. convention.

## In the Good Old Days

(*The Canadian Nurse, June 1911*)

In rejecting a recommendation that the Canadian Society of Superintendents of Training Schools for Nurses should amalgamate with the Canadian Hospital Association, the following arguments against union were given. They are as sound and logical today as they were 40 years ago:

"1. There is enough work to be done in connection with training schools to keep one society busy and the C.S.S.T.S.N. can do that work better, more effectively, and more sanely when it preserves its identity. There are many problems for this society to solve, for with its members really rests what the nursing profession is to be.

"2. This society in its membership is strictly professional and educational.

"3. It has been claimed that the union would make for economy: bargains are very doubtful blessings. . . .

"4. This society would gain nothing by the union, for the members of the Hospital Association necessarily know very little about the training of nurses, whereas the superintendents of training schools know a great deal about the management of hospitals."

* * *

"The hospitals must provide the luxuries of the hotel for the wealthy, and the medical and nursing care at less cost than they could obtain it in their homes for people of moderate means. They are the practice fields for the student doctor and for the student nurse; they must provide the theory as well as the experience. They are the scientific workshops of the nation's health, upon whose intelligent and conscientious work the value of the experiments of the medical scientists must greatly depend."

* * *

"More nurses fail, it is said, in the effort to amuse and keep the convalescent child happy than in any other way."

* * *

"Nurses are unreasonably afraid of tuberculosis. How often have we seen a nurse go to a case of pneumonia, of pleurisy, of Bright's disease, or even a confinement case, all of which may also be tubercular. The nurse does not recognize the tubercular infection and so is quite contented with the case. But, should a doctor come who does recognize the symptoms and diagnoses the tuberculosis she will want to leave at once . . .

"Are our nurses entirely to blame in this matter? Should not we as superintendents recognize this attitude of our nurses as the result of our training or lack of training? We instruct them in the care of all other infectious diseases, why not in this, the most prevalent of all contagious diseases? Surely our responsibilities are very, very great."

* * *

"I do not think that much time should be given to anatomy in a school of nursing—a brief study of structure so that the function may be fully understood, that is all But to physiology let us give all the time and care possible that the nurse, knowing what complete health of body should mean, may be fitted intelligently to assist in hospital ward and sick room in the great work of restoring health and in the wider field outside these to take her part in the still greater work of preventing disease."

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Minds that have nothing to confer find
little to perceive.—WORDSWORTH

*Public Health Nursing*

# Preparation for Administration and Supervision in Public Health Nursing

FLORENCE H. M. EMORY

*Average reading time — 6 min. 24 sec.*

THE NURSING profession in Canada is indebted to the Baillie-Creelman Report, published twelve months ago, for giving added emphasis to certain matters of a fundamental nature in the practice of public health nursing. This article deals with one of these—namely, the need for more well prepared administrators and supervisors to serve the health interests of the Canadian community.

Some 30 years ago certain universities, with the financial assistance of the Canadian Red Cross Society, undertook to establish certificate courses of one academic year in length. Through this medium the graduate of the hospital school, wishing to enter the field of public health nursing, received special preparation for her work. With the passing of the years this initial effort in itself has proved insufficient. It appears that after a general introduction to the health field, followed by experience, further preparation is indicated if those assuming responsibility for the work of others are to so influence the group that improved family health can result. Thus "new occasions teach new duties." The service of public health nurses having entered a stage of development where refinement was indicated through those qualified to give leadership, the challenge of providing professional education for the experienced worker was accepted by certain university schools: courses of a more advanced nature were offered. To do this has not been easy. The applicant has not always had full academic qualifications, and resources necessary to the enrichment of the training have not been readily available. However, with an adventurous spirit and a will to cooperate in both students and staff, progress has been made.

Certain objectives of this special work have been held from the beginning: to study the principles and methods of administration and supervision, to bring to such study the maturity of experience and the ability of the researcher, and to develop a sense of professional responsibility for good citizenship in the community's welfare. To this end the content of the course has provided something of both professional and general education, each of which has strengthened the other. In a study of the fields of administration and supervision *per se* the student learns from psychology, from education, and from industry what those specific fields can contribute to the general pool of understanding. Later the application of these principles is made to the work of the administrator and supervisor as it relates to nursing and to public health nursing. Upon first level work in preventive medicine is built that of a more advanced nature in the fields of epidemiology and vital statistics. Then, too, the student is exposed to progressive philosophy concerning the education of nurses: she learns something of the argument for sound procedure in a field which must compare favorably with pre-

Miss Emory is associate director of the School of Nursing, University of Toronto. She is well known as the author of a text in public health nursing.

paration for other professional work. To all of this is added a study of psychology and of sociology or economics thus enhancing her competence to deal with nursing situations which are influenced by these closely related fields.

Perhaps more than anything else, emphasis is placed on the interrelationship of individual with individual in a study of the principle of motivation in securing desired action in others. Opportunity is afforded the student to gain experience in handling a group in periods of conference, seminar, and demonstration. In fact the discussion method is used widely for it is important that the student should recognize that the advanced year of study, following experience, is essentially different from an introductory course in both content and method. An open-minded approach to truth is predicated; through a sense of partnership developed between students and staff it is learned that truth is many-sided, that it can be approached from many angles, *that if with integrity individuals differ in opinion, the relationship established one with the other remains unaltered.* As J. B. Conant in "Education in a Divided World" has expressed it—"Men whose opinions are based on an examination of evidence, while often in conflict, are always in communication."

Theoretical study completed, the student undertakes a period of practice work on an administrative and supervisory level. The content of work and the evaluation of the experience are entirely different to that of the student enrolled in an introductory course. Field agencies, able and willing to provide this practice work, are limited in number. Of late, however, there has been manifest a growing willingness on the part of more agencies to contribute to this aspect of nursing education and with results that bring increasing satisfaction.

Responsibility for the arrangement of courses for this senior work, over a period of years, has raised certain questions. First, is it necessary or wise that the principles of administration, of supervision, should be taught separately to students preparing for different branches of nursing or even to students of other professional fields? Is it not reasonable to think that the practice of the public health administrator, the hospital administrator, and the administrator or supervisor of nursing, whether functioning in the community at large or within the hospital or nursing school, is controlled by the same rather than different principles? True, the application of these principles will differ—that is, methods and procedures through which they become effective in varying situations will require adjustment—but the principles themselves have much in common. A beginning has been made in this regard in that the students of certain university nursing schools come together for an introductory study of the principles of administration and supervision, regardless of the specific field within nursing for which they prepare. Through special arrangement, students preparing for the administration of public health work and of public health nursing also attend joint conferences.

Second, should the student, capable of study on this level, have the opportunity to work for an arts degree and at the same time qualify for certificate work in a specialty? This again poses a question difficult to answer adequately. However, at least one university nursing school has made an arrangement with the arts faculty whereby a graduate nurse with the necessary academic qualifications can, in three years, earn an arts degree, together with a certificate in the nursing specialty and on the level desired. In other schools certain types of degree work can be accomplished in a shorter period. Space forbids a discussion of the whole question of the basic course which leads to a degree in nursing and the possibilities which are opened thus for later study on a truly graduate basis. The value of the professional worker adding a study of general education to her equipment, under sound auspices, is

obvious in a day when posts of an administrative, teaching, and research nature on all governmental levels want well educated nurses.

Enough has been said to indicate a moving of the waters in the education of nurses and to show that purposeful study can be undertaken by the graduate nurse through the instrument of post-hospital study, on a higher level, represented by the certificate course. If during such study in a specialized field there can be developed in the student a philosophy which ensures critical judgment in the acceptance of knowledge, wisdom in establishing rapport with others, and a realization that life must have a growing edge to be fruitful, this particular effort for the education of the graduate nurse will not have been in vain.

And so, in support of the Baillie-Creelman Report, it is emphasized fhat more young women who have ound satisfaction in their service as staff members should consider further preparation. For the time being, at least, this is facilitated by grants for the training of public health personnel, offered by the Department of National Health and Welfare. Through this egis a certain number of bursaries are awarded by the provincial departments of health to desirable candidates. This applies to candidates wishing to specialize in the field of mental hygiene, as well as that of general administration and supervision. Certain voluntary organizations also offer financial aid for advanced preparation. Taking the long view, this is an investment which should pay rich dividends.

# School of Nursing, University of British Columbia

AS MANY nurses may know, the University of British Columbia has the distinction of being the first university in the British Commonwealth to offer a degree course in nursing. The Department of Nursing was instituted in 1920 with the appointment of Miss Ethel Johns as assistant professor of nursing. In 1921, 26 graduate nurses completed a 14-week course in public health nursing and received a certificate. In 1923 three students qualified for the degree of B.A.Sc. (Nursing).

Since then the Department of Nursing has continued to offer the degree course in nursing and certificate courses in public health nursing and in teaching and supervision. In the 30 years of its existence, 517 nurses have completed certificate courses and 260 have qualified for the B.A.Sc. degree.

Resulting in part from representations from the Registered Nurses' Association of B.C., the Department has been reconstituted as a School, with a nurse as full-time director. With the greater autonomy accorded a school and under the leadership of the director, Miss Evelyn Mallory, nurses may be assured that the program offered by the school will be designed to meet the nursing needs of British Columbia.

Some changes are being made in the program which the School of Nursing offers qualified graduate nurses. The two major programs to be offered this coming year are outlined briefly—the first leading to the degree of Bachelor of Science in Nursing (B.S.N.), the second to an appropriate certificate.

I. **Degree Course for Graduate Nurses:** Designed to provide graduate nurses with the opportunity to enrich their background of general education, to broaden their concept of professional nursing, and to prepare themselves to give a more effective service in a selected field of nurs-

*(continued on page 438)*

*Institutional Nursing*

# Health Teaching in Hospitals

JOAN STOCK

*Average reading time — 13 min. 36 sec.*

TODAY AN increasing number of people, institutions, and agencies are engaged in a variety of activities endeavoring to prevent disease, to prolong life, and to promote general physical and mental well-being. The combined effort of all of these provides for the community its public health program. This includes organized measures for sanitation, communicable disease control, medical service for diagnosis and treatment, vital statistics, epidemiological studies, research and health education. The public health program is thus a planned method of applying the findings of many sciences for the purpose of preventing disease and promoting health. In such a program, the hospital has a unique and increasingly important part.

Our present concept of public health has developed almost entirely within the past 75 years. Before that time there was very little scientific foundation for diagnosis, treatment, and prevention of disease and little understanding of methods of controlling environmental conditions as a preventive measure. Modern public health work has broadened in scope to include both physical and mental health and is based on the theory that treatment is prevention concerned with safeguarding the health of individuals as well as protecting others. Care during illness is frequently a first step in health promotion.

Health education—teaching people what to do and how to do it and stimulating the individual's interest in helping himself—is an important step in promoting public health. It is in these two fields—treatment of disease and health education—that the hospital can make a large and very important contribution to its community public health program. In fact, the measure of the hospital's usefulness is based, not so much on the increasing number of patients it admits and treats, as upon whether it is sending back into their homes, individuals who are more intelligent about the matter of sickness and health and who are able to make a satisfactory adjustment to everyday living. Adequate hospital care presumably and necessarily includes health instruction.

The hospital nurse is in a strategic position to participate in the health education phase of the public health program, for conditions which prevail in a hospital make it an ideal place for health teaching. It has been said that every nurse, from the time she starts to wear a uniform until the time she leaves the profession, is a teacher of health. In fact, good health teaching is an integral part of good nursing—not a separate activity of the nurse but something that is bound up very intimately with all that concerns the patient—physically, mentally, spiritually, and economically.

To be able to teach health the nurse must first become health conscious. A knowledge of health and the healthy person would seem to be the obvious prerequisite to acquiring a knowledge of disease and the sick person. She must learn to see each patient, not as a "cardiac" or a "diabetic" but as a

Miss Stock is on the staff and lectures in public health nursing at the University of Ottawa.

human being with his personal problems, his likes, dislikes, fears, discouragements, and ambitions. As Dr. William Osler said: "It is more important to know what kind of a person has a disease than to know what kind of a disease the patient has." The nurse must also see her patient in relation to his family group, a person upon whose recovery, or continued illness, depends the happiness of many other persons. Health involves not only the physical but the emotional, mental, and social aspects of living, the four being inseparable insomuch as they affect or are profoundly affected by each other.

This orientation of the nurse to the health point of view may be accomplished by various methods: by placing equal emphasis in the curriculum on the preventive and curative aspects of various diseases; by utilizing a ward teaching program in which are emphasized the psychological, social and health aspects of nursing in relation to the actual care of individual patients; and by providing the student with a period of observation or affiliation with the public health nursing agency.

Equally as important as the appreciation of the patient as a person is the necessity of the nurse knowing her community; the functions of its various resources and how these may be made available to her patient. For this purpose, planned field trips to selected health and social agencies in the community are valuable.

Generally speaking, the nurse teaches in two ways—consciously and unconsciously. Her unconscious teaching is quite different—but may be far more effective—than her conscious efforts. Nurses are constantly being observed and what they do, or do not do, has a profound influence upon those with whom they come in contact. The nurse, as she goes about her work and her daily routine of living, is demonstrating the value she places on her own health and upon the rules of healthful living. Her habits of personal hygiene and of work must fit her text. The nurse who does not exemplify in her own person the principles of good hygiene, or observe them in giving care to her patients, cannot hope to be a very effective teacher of health.

In the ward, where good nursing care is constantly being given, the patient can gain considerable health knowledge from her own observations. She may acquire a vocabulary of suitable words with which to describe symptoms, a knowledge of simple nursing procedures which can be carried over into the home, and a better appreciation of good housekeeping because of the order, cleanliness, and regular routine that prevails on the ward. From observation of her daily trays, the patient should be able to acquire a fair knowledge of the essentials of a well-balanced diet, as well as suggestions about cooking and serving food which may result in improved nutrition of her family. Even a short period of hospitalization should afford the patient the opportunity of seeing and experiencing the practical application of hygienic living.

The nurse's conscious teaching consists, in part, in explaining and interpreting what goes on in the ward, always using simple language that will be readily understood by the patient. Simple procedures and treatments can also serve as an introduction to a discussion of health factors relating either to the patient's diagnosis or his general health. For example, the adjustment of a window-shade, so that the light will not cause eye fatigue, might serve as an excellent introduction for a lesson on the care of the eyes. Similar illustrations can be linked up with the care of the mouth, the skin, and a great many of the nurse's routine duties. In fact, a resourceful nurse can find many opportunities to teach her patient in almost any treatment or nursing care she gives. Her teaching will be all the more effective because the patient does not realize that she is being taught and is not offended by the nurse's suggestions as she probably would be if her remarks were too detached or off-hand.

There are numerous ways the nurse

may be helped to recognize and appreciate her many teaching opportunities. These might include:

1. Observation of good teaching carried out on the ward.
2. Case discussion following observation of her work, the supervisor helping her. Both should recognize points on which teaching might have been given and to draw up plans for future use.
3. Discussion of a case before the nurse gives the actual care, suggesting possible problems and ways of meeting them.
4. A study of selected cases in group conference.
5. Preparation by the nurse of a list of teaching points which might be covered in various medical and surgical conditions.

The facts that the nurse presents daily in her teaching of the patients or in advice to their relatives must necessarily be scientifically accurate according to present-day knowledge. Certainly no nurse should include in her teaching material that is out of date or information for which there is no scientific basis. To be able to teach effectively she must also have confidence in her mastery of the subject matter. Unless she feels sure she has a thorough knowledge of it, and that her information is absolutely correct, the advice she gives will tend to be vague, detached, and incomplete. Her lack of confidence and enthusiasm will render her attempts at teaching ineffective.

The amount and type of teaching given any patient must take into consideration his physical condition, his apparent intelligence, his interests, and his education.

The hospital nurse's first health teaching should, in most cases, be related to the patient's physical condition, as it is here that his chief interest lies. His intelligent understanding of his illness will relieve him of a great deal of anxiety and make him much happier about his condition. This will ensure greater cooperation on his part, a better adjustment to hospitalization, and a more receptive attitude towards further health teaching. In each case, she should start with what the patient knows and develop the subject from there. This will help her to determine the amount of teaching required, the vocabulary she should use, and the best method of approach.

Although a definite need for health education might be quite apparent, the nurse must be careful to limit her individual instructions to one or two essential points, remembering that the average patient can only absorb one topic at a time without becoming confused. When further teaching is given, she should review important points previously covered and link them with the new material.

A positive approach in teaching is always much more effective than a negative one. The majority of people resent being told not to do certain things but will cooperate quite willingly when asked to do something, particularly when given logical reasons for doing so.

Besides the health teaching given continuously to the individual patients throughout their hospital stay, the hospital provides many other occasions for imparting health knowledge. Visiting hours in the children's ward afford an excellent opportunity for the nurse to discuss with parents the health needs of their children. Visiting hours in other departments could be similarly used with profit, particularly in the case of patients who are going to require a long convalescence or some special care following discharge from hospital.

The out-patient department, too, offers a rich opportunity for both individual and group teaching. Group teaching can possibly be carried out most effectively in conjunction with the prenatal and diabetic clinics. Although this type of teaching, being formal, requires considerably more preparation and organization on the part of the nurse, it has the advantage of reaching a greater number of patients in a shorter period of time than would be possible with individual conferences. A certain stimulation is also provided by the group—the patients profiting by the various individual contacts and by the ques-

tions and discussions of the others. It affords, too, much more opportunity for the use of visual aids, which might include sample layettes, clothing, sample diets, equipment the patient will need to use, posters and literature.

It should be remembered, however, that group teaching cannot entirely replace individual instruction. Most patients have their own personal health and welfare problems which might not be covered in the class and which they would not feel free to discuss in a group. For this reason, individual conferences should be arranged for all patients and they should feel free to consult the nurse for further help as needed. The individual contact is always the first method of approach in health teaching.

Preparation of the patient for his discharge from hospital may include instructions and demonstrations to the patient or a member of his family; interpretation of the doctor's orders; or the referral of the patient to a convalescent home or a public health nursing agency. Where the patient or his family are going to assume responsibility for convalescent care, all necessary instructions should be given, not when he is ready to leave the hospital, but well in advance, so that he may have sufficient time to learn a new technique or gain a good understanding of the health principles involved. Last-minute instructions, given amid preparation for discharge, frequently tend only to confuse the patient. All instructions should be definite, detailed and explicit, rather than general and vague. Such expressions as "a little," a "good rest," "for awhile," "take it easy," etc., should be avoided. They may mean something different to each individual patient and perhaps, in no case, convey the exact meaning the nurse has intended.

Detailed written or printed instructions should be provided patients who must carry out nursing procedures or follow certain routines or special diets. In each case, the nurse should make certain that the patient or relative understands the reasons for the various details of instruction given, so that they will be impressed with the need for following them and they will be able to adapt them more intelligently to their home situation.

The nurse's verbal teaching can, in many cases, be supplemented by the use of pamphlets or booklets, many of which may be obtained, free of charge, from health departments, welfare agencies, and insurance companies. One thing the nurse must realize is that literature may differ at various points from information she has given. While it may not be harmful for a family to know that there are several opinions regarding a health matter, the varying points of view may be most confusing if the nurse has not paved the way for them.

The use of the demonstration—one of the most effective teaching tools—is constantly at hand in the hospital. In fact it is always present in any nursing care. Its greatest influence, perhaps, is in preparing the patient to undertake some particular type of care for herself following her discharge from hospital. This might include such procedures as a surgical dressing, hypodermic injections, colostomy irrigation, etc. It must be remembered, however, that a person lea-ns by doing. It is only by a repetition on the part of the patient of the various steps of the procedure that she acquires ability or learns the technique. The nurse should not feel that, because she has given a good demonstration, the patient knows how to carry out the procedure. If provision cannot be made in the hospital for this type of patient activity, the nurse should see that she is referred to a public health nursing agency for follow-up and further help as needed.

The demonstration of a baby's bath, or the preparation of the formula, is a valuable step in health teaching in the obstetrical department. Apart from the fact that repeated patient activity is not always possible to such an extent that the patient can gain complete confidence

in her mastery of it, there is always the possibility that she may find it difficult to adapt the technique to her home situation. For this reason, together with the fact that the young mother usually needs further health instruction and considerable help in carrying out a suitable routine, all primipara should be referred, if possible, to a visiting nurse association upon their discharge from hospital.

It is the responsibility of each nurse in the hospital, as it is of nurses in other fields, to strive to create within her patients a strong personal interest in health and a hygienic way of life, so that they will desire to live in such a way as to develop and preserve a maximum degree of physical and mental health for themselves and others, an interest so enthusiastic and sincere that when they leave the nurse's care they will make use of the vast and ever expanding resources for better public health.

To accomplish this, more attention will need to be focussed on the preparation of the nurse for this phase of her work and a keener appreciation developed of the hospital's many opportunities for health teaching, together with the best means of using them. This will require considerable effort and some ingenuity on the part of the hospital personnel but it will be an effort that will pay dividends in the satisfaction of work well done, in improved health of individuals, and in the realization that the hospital is making a valuable contribution to its community public health program.

# War Memorial Committee Meets Some Needs

AS PART of our contribution to the Colombo Plan, which was outlined in last month's issue, a large consignment of nursing and medical texts is presently en route to the College of Nursing, University of Delhi, India. We wrote to Miss Edith Buchanan to tell her we were sending the books and also that we would purchase a set of the Denoyer-Geppert anatomical charts for her if they did not possess the equivalent. Her letter is reproduced in full because it shows not only their pleasure in the proposed gifts but also gives interesting news of many nurses well known in the Canadian scene:

> We could hardly believe our eyes when your letter came today. What a wonderful gift from the C.N.A. to India and to nurses in India! It is just exactly what we need—books for our library and anatomy charts for our nursing arts demonstration room. Yes, indeed, we would be most grateful for the anatomy charts!
>
> It made me proud of our Association to think what a life-giving, creative form of War Memorial it has chosen. Many Canadian nurses know members of the staff of this College, all of whom will be helped in their teaching by this wonderful gift from the C.N.A. Miss Margaretta Craig, our principal—a Johns Hopkins and Teachers College graduate—visited the University of Toronto School of Nursing in 1945. Miss Charlotte Abana in nursing education, Miss S. Phillips in the rural, and Miss Daisy Charles in the urban public health fields, all studied public health there in 1945-46-47. Miss Mariamma Korah, also there in 1946-47, is now at the Lady Reading Health School, Delhi, and is president of the Delhi State Branch of the T.N.A.I. Miss Uma Chatterjee, who took her entire basic course there in 1940-45, is now Mrs. Gupta with two children of her own. She is just as "paintable" as ever and is doing a job of nursing over in Calcutta. Janet Corwin, who was loaned to us by the Rockefeller Foundation, is now Mrs. Piggott with a little five-month-old Christopher Piggott. Anne Noll, also of the

(*continued on page 440*)

*Aux Infirmières Canadiennes-Françaises*

# Expérience en Haïti

GERTRUDE DALLAIRE

UNE DEMANDE formulée par l'Organisation Mondiale de la Santé à l'Association des Infirmières du Canada pour une infirmière hygiéniste parlant français, nous a valu de connaître ce pays si différent du nôtre tant par son climat que par ses habitudes de vie.

L'UNESCO avait entrepris dans un projet conjoint avec le Gouvernement Haïtien, une campagne d'éducation de base depuis 1948 et, à la suite de l'enquête ethnologique, avait demandé l'aide de l'O.M.S.

Voici d'abord en quelques mots ce que l'on entend par éducation de base:

> L'éducation de base s'adresse tout spécialement aux régions insuffisamment développées du monde et a pour objet de faciliter aux individus l'accès à un niveau social et économique supérieur qui les mette à même de remplir leur rôle dans le monde moderne*.

C'est, dans un sens large, l'éducation de la collectivité et elle s'adresse aux adultes et aux adolescents aussi bien qu'aux enfants. Les principaux points portent sur l'enseignement élémentaire, notamment la lecture, l'écriture, et le calcul; le relèvement de l'économie rurale par l'amélioration des méthodes de culture, le développement de l'artisanat, l'organisation de coopératives, etc.; l'éducation pour la santé, tant sur le plan individuel que sur le plan collectif; l'éducation récréative par l'organisation des loisirs.

Haïti, découvert par Christophe Colomb le 6 décembre 1492, est située à la partie occidentale de la deuxième grande Antille qu'elle partage avec la République Dominicaine. Cette île, placée entre Cuba et la Jamaïque à l'ouest et Porto-Rico à l'est, se trouve sous les tropiques. Elle a obtenu son indépendance depuis le premier janvier, 1804.

Pays très accidenté, Haïti est traversé par des chaînes de montagnes élevées et abruptes. Des plaines et des vallées s'intercalent entre les chaînes. La population de plus de trois millions d'habitants est d'origine noire. Le français est la langue officielle mais le créole, qui est un dialecte, est le plus couramment parlé.

La vallée de Marbial, région où se réalise l'expérience probante d'éducation de base, est située à environ 12 milles au nord-est de la ville de Jacmel et à 75 milles de Port-au-Prince, capitale de la République. C'est une région extrêmement montagneuse.

Pour aller de Jacmel à Marbial, il faut emprunter un chemin ou sentier plutôt qu'une route carrossable seulement en jeep ou en camion. La rivière, La Gosseline, doit être traversée à quatre reprises, opération facile en saison sèche mais difficile et même impraticable lors des crues. Le chemin aboutit au centre établi par l'UNESCO. Par la suite, il faut nécessairement, soit poursuivre à pied, soit utiliser une monture — cheval, mulet, ou âne. Il n'existe, en effet, pour circuler que des sentiers abrupts de montagnes ou le lit des rivières.

La région de Marbial ne possède aucune agglomération quelconque. Il n'existe aucun village, aucun centre commercial permanent. Seuls les marchés réunissent les paysans à jour fixe. L'UNESCO a construit un centre communautaire qui sert actuel-

Mlle Dallaire est infirmière chef de groupe à la Section du Nursing, Service de Santé de la Ville de Montréal.

*L'Education de Base, UNESCO, p. 15.

lement d'école et deux maisons pour quelques membres du personnel. Avec quelques maisons paysannes, ceci forme ce que l'on appelle le "Centre Unesco." A environ un mille, se trouvent l'église et l'école confessionnelle.

La population, essentiellement paysanne, se chiffre à environ 25 mille habitants et, à de rares exceptions près, est analphabète.

Après avoir exploré et étudié sur place les conditions de la région, l'équipe de l'O.M.S., formée d'un médecin français, expert en hygiène publique, et de l'auteur, infirmière hygiéniste, se concentra sur l'organisation d'un dispensaire de soins médicaux. C'était le seul moyen de gagner la confiance de cette population craintive.

Une maison paysanne composée de deux pièces minuscules sert de local. L'ameublement et le matériel médical sont réduits au minimum mais les malades sont nombreux. De deux à trois cents personnes et même davantage sont traitées chaque jour. La plupart souffrent de *pian* (maladie à spirochète qui donne une dégénérescence des tissus et qui rend des malades infirmes et même impotents); quelques-uns de paludisme (maladie due à la piqûre d'un moustique), d'helminthiases intestinales ou de maladies cosmopolites. Les enfants souffrent en plus de carences alimentaires et d'avitaminoses. Tous accourent pour recevoir "la piqûre ou les petits grains" qui les guériront. Nombre d'entre eux ont marché plusieurs heures, les femmes portant les enfants.

Après avoir donné les soins dans ce local d'occasion pendant plusieurs mois, un nouveau dispensaire, construit en pierre, fut mis à notre disposition. Beaucoup plus spacieux (cinq pièces), il rendit le travail plus facile et impressionna fortement les paysans qui manifestèrent plus de discipline et d'ordre.

Après un entraînement pratique professionnel, deux jeunes garçons et une jeune femme haïtiens nous aident en procédant aux pansements, donnant des injections ou en interprétant aux malades les recommandations du médecin ou les conseils de l'infirmière. Le créole, essentiellement parlé par les paysans, est un dialecte où l'on rencontre quantité de mots et de vieilles expressions françaises. Après quelques mois au contact de la population, nous le comprenions bien mais il nous a été beaucoup plus difficile de le parler.

*Groupe de maisons paysannes.*

Lors de la consultation, quelques conseils sur l'hygiène personnelle, sur la protection maternelle et infantile, et sur la nutrition sont donnés aux mères individuellement. La lecture de textes en créole, portant sur la prévention de certaines maladies, fait aussi partie de notre campagne d'éducation sanitaire.

Ce sont les seuls moyens que nous pouvions prendre pour inculquer quelques bons principes de santé à cette population ambulante. En effet, dès l'aurore, sur les routes et les sentiers, l'activité commence. Hommes, fem-

*Famille paysanne.*

*"Commerçante" le long d'une route.*

mes, et enfants parcourent de longues distances pour se rendre à la ville, au marché ou pour cultiver le "carreau de terre." Les maisons sont closes et la vie pour tous est à l'extérieur. Les femmes ont une large part du travail quotidien. Elles s'occupent à la culture, se rendent au marché ou, commerçantes le long des routes ou des sentiers, elles vendent pour quelques centimes, maïs, petit mil, bananes, etc. Les enfants les accompagnent et transportent d'une manière gracieuse les marchandises sur leur tête.

Les visites à domicile n'ont donc pas constitué la part principale de notre travail dans cette région éloignée où les maisons sont dispersées dans la montagne et où la vie familiale est quasi inconnue.

Des randonnées à dos de mulet ont toutefois été faites. Hommes, femmes, et enfants accouraient qui pour nous saluer, qui pour demander les soins pour un malade, ou pour manifester sa reconnaissance pour une guérison. L'hospitalité des paysans était touchante; dès notre arrivée, on s'empressait pour préparer une tasse de café noir comme seules les paysannes savent le faire ou pour cueillir la noix de coco qui désaltère si bien.

Un programme d'hygiène scolaire a été élaboré. L'examen médical des élèves a été exécuté. Un cahier d'hygiène pratique et élémentaire a été rédigé conjointement par le médecin et moi-même et servira aussi à l'éducation des adultes. L'enseignement primaire se transmettant en créole, la formation de bonnes habitudes de vie sera donc la responsabilité des instituteurs.

Un comité de femmes, se distinguant par leur intelligence et leur compréhension, a été formé. Le but était de leur procurer des notions élémentaires d'hygiène individuelle, de protection maternelle et infantile, d'alimentation rationnelle, et d'économie domestique qu'elles essaieront de diffuser par la suite dans leur entourage. Des démonstrations pratiques accompagnaient ces causeries.

Les réalisations en hygiène publique ont été une part indirecte de mon travail. Les principales entreprises, dont le but était d'améliorer les conditions sanitaires de la région, ont été le captage de quelques sources, la construction de latrines, et l'aménagement d'un marché propre et hygiénique. En ce pays de montagnes, l'eau potable est rare. Les paysans marchent des heures pour aller puiser l'eau dans une source ou une rivière, laquelle est le plus souvent contaminée par le procédé d'opération. Le captage permettra de boire une eau saine.

L'hygiène publique, comme on peut le constater, ne se conçoit pas toujours selon les données modernes. Dans ce pays où le climat merveilleux ne crée pas de besoins, la nonchalance des habitants est facile à comprendre. La végétation abondante apporte toujours un fruit ou un légume à l'alimentation quotidienne, le soleil radieux préserve du froid et du souci de l'habitation et du vêtement, et l'ignorance conserve préjugés et superstitions.

Les Nations Unies, par l'intermédiaire de l'UNESCO et de l'O.M.S., auront donc apporté dans ce coin perdu du monde l'espoir de jours plus heureux à condition toutefois que l'oeuvre commencée se continue.

Behave toward everyone as if receiving a great guest.—CONFUCIUS

# Experience in Haiti

*Editor's Note:* This translation of Miss Dallaire's account of her work is made to permit all of our readers to share her interesting experience.

* * *

In response to a request from the World Health Organization for a French-speaking public health nurse, the Canadian Nurses' Association recommended GERTRUDE DALLAIRE, a staff supervisor of the Montreal Department of Health. Miss Dallaire spent over a year in Haiti, assisting with the development of public health nursing services. A brief translation of her interesting story follows:

A JOINT CAMPAIGN was sponsored in 1948 by the Government of Haiti and UNESCO to provide improved facilities for the education of the masses of the people throughout that country. Not only the basic factors of reading, writing, and arithmetic were included in this program but steps were also taken to raise the level of rural life by improving the methods of farming, by developing crafts, organizing cooperatives, providing more adequate recreational facilities for leisure-time activities and, in general, building up an understanding of the importance of good health.

Discovered by Columbus in 1492, Haiti is the second largest island of the West Indies. The republic of Haiti is the more westerly and the smaller of the two divisions of the island. Once a colony of France, it became independent in 1804. Its area is only 10,204 square miles and its population nearly three million, most of whom are negroes. French is the official language but the creole dialect—a mixture of many tongues—is most commonly heard.

*Typical scene at the clinic.*

The Marbial Valley, where the interesting experiment in basic education was centred, is an extremely mountainous region situated some 75 miles from Port-au-Prince, the republic's capital. The nearest city is Jacmel, 12 miles distant. Travel between Jacmel and Marbial is practicable only by jeep or truck. The Gosselin River must be crossed four times—an easy matter in the dry season but well-nigh impossible when the water is high. The road ends at the centre established by UNESCO. From there on, it is necessary to go by foot or to ride on a horse, mule or donkey.

The populace in the Marbial region is very scattered without even a village or shopping centre. UNESCO has built a community centre, which serves as the school, and two houses for the personnel. The essentially rural population, some 25,000 people, is quite illiterate.

After having made a careful study of the conditions, the WHO team, consisting of a French public health doctor and a public health nurse, concentrated on the organization of a medical care clinic. It was the only way to win the confidence of that timid population. Though the equipment and medical supplies were scanty, the patients were plentiful. Two or three hundred were treated every day. The majority suffered from yaws—a non-venereal disease characterized by cutaneous lesions occurring in crops. Other common conditions included malaria and intestinal worms. Malnutrition was common among the infants. Everybody was willing to receive injections or medications to cure their disease. Many travelled for hours to reach the clinic, the women carrying the children.

After having worked through this single clinic for several months, another building was made available. Much larger (five rooms), it made the work much easier. The natives were duly impressed by the new surroundings.

Two young men and a young woman,

Haitians, were given some elementary training in the administration of the treatments and the dressing of wounds. They were able to act as interpreters for the doctor and nurse. The creole dialect contains so many 18-century French words and expressions that, even after several months, the professional staff found it difficult to understand and to make themselves understood. To supplement the individual instructions given on such topics as personal hygiene, maternal and infant care, and nutrition, leaflets printed in creole were distributed to those who could read. These seemed to be the only means by which this moving population could be reached.

Few home visits were made because of the way the houses were scattered through the mountains where family life as such is largely unknown. Rounds were made riding on mules. Everywhere, the men, women and children greeted us in friendly style knowing that the visit would benefit their health. The hospitality of the natives was touching. As soon as we arrived a cup of black coffee, such as only the natives know how to make, was offered. Or they would produce cocoanuts, the juice of which is so good as a thirst-quencher.

A program of school hygiene has been worked out. The pupils have been given a medical examination. We prepared a practical elementary text on hygiene which will be useful for the education of the adults, too. Instruction is given in creole. The teachers cooperated in the endeavor to build good health habits.

A committee of women, who were chosen for their intelligence and understanding, has been formed. It was thought that they could spread suitable information among their neighbors regarding such matters as individual personal hygiene, maternal and infant welfare, adequate nutrition, and household management. Talks, accompanied by demonstrations, were given to this group.

The public health benefits were an indirect part of my work. With the improvement of sanitary conditions in the region as the aim, springs were protected to provide pure water supplies, privies were constructed, and proper, clean market-places developed. In this crowded country, a pure water supply is rare. The natives sometimes have to journey for hours to procure water from a spring or river. Capping the springs and piping the water will help.

The United Nations, through the activities of UNESCO and WHO, will bring the hope of happier, healthier times to this out-of-the-way corner of the world as the work that has now been started is continued.

## Decor

To make its new headquarters in New York as international as possible, the United Nations is selecting material and equipment from many lands.

For example, the U.N. has purchased carpets from England and the Netherlands; desks from France; lighting fixtures from Finland; fabrics from Sweden; lamps from Italy; upholstered furniture and chairs from Denmark; armchairs from Czechoslovakia.

In addition, many governments have offered gifts. Norway is contributing 108,000 crowns ($15,000) toward the interior design of the Security Council chamber. Sweden has offered 150,000 crowns ($30,000) for the interior finishing of the Economic and Social Council chamber.

School children throughout the United States are being asked to contribute to a campaign, sponsored by the American Association for the United Nations, to raise $50,000 for the erection of a large decorative fountain at the entrance to the Secretariat building.

U.N. has also tentatively accepted a gift of 50 full-grown Japanese cherry trees offered by the Friends of the United Nations—a voluntary organization in Tokyo. The trees, first offered to the U.N. last April, will be shipped, after extensive preparation, in early 1952 and planted somewhere in the open landscaped area of the 17-acre headquarters site.

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The best cure for anger is delay.—SENECA

# Nursing Profiles

When illness necessitated the resignation of the nurse elected to the chairmanship of the Private Nursing Committee of the C.N.A. last winter, **Florence Eva (Archer) Brackenridge** stepped into the vacancy on invitation from the Executive Committee. Doing jobs in nursing, efficiently and easily, has been Mrs. Brackenridge's accomplishment ever since she graduated from the old Nicholls Hospital, now the Peterborough Civic Hospital, in 1918.

*Morris Duke, Peterborough*

MRS. EVA BRACKENRIDGE

Mrs. Brackenridge has the record of never having been away from active nursing for longer than six months at any one time. After a brief period in private nursing she was in charge of the Peterborough Medical and Surgical Clinic for a year, then assistant superintendent of nurses at her own hospital until her marriage in 1923. Excepting for a short time when she served as school nurse in Peterborough, her energies have all been devoted to private nursing at which she is still very active. Rearing three children unaided after she was widowed in 1931, plus all her nursing work, would seem like quite a full-time job. Coupled with it, Mrs. Brackenridge has been president of her alumnae association for three years, chairman of the Peterborough Chapter, R.N.A.O., chairman of District 6, R.N.A.O., and president of the Peterborough Community Nursing Registry —all of them for two-year terms. She is currently chairman of the R.N.A.O. Committee on Private Nursing. An active member of the Soroptimist Club of Peterborough, Mrs. Brackenridge turns to growing flowers and music to fill in the unoccupied moments.

* * *

**Mae Elizabeth Lunam** is enjoying a much-needed rest at home in Ottawa following eight busy years as superintendent of nurses at Jeffery Hale's Hospital, Quebec City. Reared in Ottawa, Miss Lunam went to J.H.H. for her professional training, graduating in 1920. She engaged in private nursing for two years before she returned to her own hospital as charge nurse of the private patients' division. In 1930 she became assistant superintendent of nurses there.

Miss Lunam is taking time out to relax and enjoy the fun of trying out new recipes, smocking children's dresses, and adding to her collection of ornaments. She has taken up membership in the Ottawa Women's Conservative Association and the Athenaeum Club. She plans to resume active professional work at a later date.

# In Memoriam

**Sarah Agnes Baldwin,** who graduated from the Toronto General Hospital in 1904, died in Sarnia, Ont., on January 29, 1951, following a coronary thrombosis. After serving as superintendent of a hospital in New Orleans, Mrs. Baldwin

returned to Toronto to supervise the Private Pavilion in the old hospital on Gerrard St. until her marriage in 1909.

* * *

**Bella Crosby,** the first nurse to assume the duties of editor with *The Canadian Nurse* (1911-16), died in Toronto on December 14, 1950. Born in Campbellford, Ont., in 1867, Miss Crosby taught school for some years before she commenced her training. She graduated from the Toronto General Hospital in 1901. Engaging in private nursing, she was actively interested in the Central Registry. As president of the Graduate Nurses' Association of Ontario, Miss Crosby campaigned tirelessly for the submission of a bill to institute the registration of nurses. For some time prior to her death, Miss Crosby was a patient at Runnymede Hospital, Toronto.

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**Mary R. Fitzpatrick, R.R.C.,** who served with the C.A.M.C. during World War I, died in Hamilton on March 22, 1951.

* * *

**Hazel Hastings,** a graduate of Amasa Wood Hospital, St. Thomas, Ont., died in Memorial Hospital, St. Thomas, on March 29, 1951, after a long illness. Miss Hastings had spent most of her professional life in private nursing.

* * *

**Bessie Hayden,** who graduated from Kootenay Lake General Hospital, Nelson, B.C., died at Tranquille in April, 1951. For a number of years following graduation Miss Hayden was a member of the K.L.G.H. nursing staff.

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**Lillian Gertrude (Cobham) Hogan** died in Ottawa on March 18, 1951, at the age of 65. Mrs. Hogan received her nursing education in England.

* * *

**Lillian Sophia Mary (Shand) Ibbott,** who graduated from the Saint John General Hospital, N.B., in 1920, died in Charlottetown, P.E.I., on December 29, 1950. Mrs. Ibbott took the course in public health nursing given by the University of Toronto and worked in London and Belleville. At one time she was assistant superintendent of the Victorian Order of Nurses in Halifax.

* * *

**Nellie (Wark) Malone** died in London, Ont., on March 11, 1951, in her 72nd year. Born in Ontario, Mrs. Malone graduated from Harper Hospital, Detroit, in 1907. She continued to work there until she volunteered for service overseas during World War I. From 1933 to 1940, she was superintendent of the Strathroy (Ont.) General Hospital.

* * *

**Margaret Murray,** a graduate of St. Paul's Hospital, Vancouver, in 1948, was fatally injured in an automobile accident at Bradford, Ont., on March 7, 1951.

* * *

**Ethel May Robertson,** who graduated from the Brockville (Ont.) General Hospital, died there on April 8, 1951. She took post-graduate studies at two New York hospitals and during World War I served in the U.S. Army Nurse Corps. She was chief nurse on the *Finland*, making numerous trips between the United States and France. She worked later in hospitals in Niagara Falls and in London, Ont.

* * *

**Margaret Jean Robertson** died from injuries received in a motor accident near Ottawa on March 23, 1951. Miss Robertson was a public health nurse in Toronto.

* * *

**Kathleen Scott,** a graduate of the Riverdale Isolation Hospital, Toronto, died on March 29, 1951, from injuries sustained when she was struck by a motor vehicle. Miss Scott was nursing superintendent of the Sarnia General Hospital for some time prior to her appointment to a similar post at the Kitchener-Waterloo Hospital in 1930. She had retired in 1949.

* * *

**Caroline A. Sewell** died on April 7, 1951, in her 93rd year. Born in Toronto, Miss Sewell received her training in New

York and served with the United States forces during the Spanish-American War.

* * *

**Jean Simpson,** who graduated from the Mack Training School, St. Catharines General Hospital, in 1896, died in Victoria on March 7, 1951. For 10 years she was matron of the Marpole Home for the Aged in Vancouver. During the past 30 years she had lived in Victoria, doing private nursing prior to her retirement.

* * *

**Anne Slattery,** who graduated from the Royal Victoria Hospital, Montreal, in 1920, died there on April 11, 1951, in her 63rd year. A native of Cape Breton Island, N.S., Miss Slattery received her B.A. degree from McGill University in 1909 and taught school for several years before entering her training as a nurse. She was a student in public health nursing in the fall of 1920 with the first class in the newly organized School for Graduate Nurses at McGill, attending on the first scholarship awarded by the Association of Nurses of the Province of Quebec.

Miss Slattery returned to Sydney, N.S., to do public health nursing for two years. She was on the staff of the Winnipeg General Hospital when she was invited to return to the McGill School as assistant director and lecturer in public health nursing. Following Flora Madeline Shaw's untimely death in 1927, Miss Slattery became acting director. She resigned from the School in 1929, going to Dalhousie University for a year until lack of funds terminated the public health nursing course there.

Public health nursing in Nova Scotia occupied her interest until 1939. In 1933 she was president of the R.N.A.N.S. and for a time was secretary-treasurer of the Maritimes Hospital Association. In 1939 Miss Slattery took charge of the first Red Cross Hospital at Dingwall. A year later, her health beginning to break, she returned to Montreal. Despite the crippling arthritis that plagued her, Miss Slattery continued to work, chiefly in private nursing until recently. Capable and conscientious, with a keen mind and high ideals, she made a notable contribution to nursing in Canada.

* * *

**Mary Tuffy,** who graduated from St. Michael's Hospital, Toronto, in 1917, died in Toronto on March 28, 1951. Miss Tuffy had been on the staff of Our Lady of Mercy Hospital, Toronto, for the past seven years.

## Mortality Rate Among Children

Conquest of disease has reduced the mortality from ages 1 to 14 by three-fourths since 1930. This is based upon the experience among children insured in the Metropolitan Life Insurance Co. The death rate among boys of the insured group dropped from 275.8 per 100,000 in 1930 to 74.7 in 1950 and among girls from 228.4 per 100,000 to 53.9.

At the preschool ages the improvement over the two decades was about four-fifths and the 1950 preschool death rate from all causes combined was lower than the rate from pneumonia alone in 1930.

The mortality from the principal communicable diseases of childhood—measles, scarlet fever, whooping cough, and diphtheria—fell more than 95 per cent and the downward trend of the death rate from diarrhea and enteritis was almost as rapid. Reductions of not less than 75 per cent at any of the age periods were recorded for pneumonia, tuberculosis, and rheumatic fever..

With these shifts in the mortality picture, accidents now constitute the foremost cause of death at every age group for both boys and girls and from one to four years account for about one death in every three among boys and nearly one in five among girls.

A pronounced rise in the recorded mortality from cancer among children has made it now a leading cause of death.

"The major health problems now are those which have proved the least amenable to life conservation efforts," the Metropolitan statisticians point out. "There can be no quick, easy solution to the accident problem because of the wide variety of circumstances under which mishaps occur. The causes of cancer, rheumatic fever, and poliomyelitis are still to be definitely established. Altogether, there is clearly still much to do in promoting the physical and mental well-being of children."

# Trends in Nursing

## Through the Looking Glass

Are you keeping up with developments in health insurance? This office is deluged with press clippings on happenings in this field. It would seem from the rumblings in many quarters that the course of the compulsory hospital insurance scheme in British Columbia is not running too smoothly.

We notice that: Industrial nurses in Ontario and Quebec have been very active lately; the English public health interest group of the A.N.P.Q. held two meetings in Montreal on "Trends and Developments in Pediatrics"; the Institutional Nursing Committee of the A.N.P.Q. held an institute on "The Complete Care of the Cardiac Patient"; the travelling instructor in British Columbia, Miss Ferne Trout, has given a series of refresher courses in various parts of the province during the winter; Dr. Charlotte Whitton addressed the nurses of Timmins on "Nursing and the People's Needs." It is reported that four nurses are taking postgraduate work in the Nova Scotia Tuberculosis Sanatorium and that a new class of affiliating students has just been admitted.

An effective way of helping reduce the nurse shortage has been taken by the Kinette Club of Ottawa which has offered a scholarship to a girl obtaining the highest standing in high school, upon her entrance to the Ottawa Civic Hospital, and by the Jean Dunbar Chapter, I.O.D.E., of Estevan which has done the same thing for a student entering the Vancouver General Hospital.

In a recent comparison of salaries paid to nurses and teachers, the nurses came off a very poor second best. Queen's University professors are asking for higher salaries and have raised the question of transferable pensions. One of the Ontario legislators has been reading the advertisements in *The Canadian Nurse* and has warned the Legislature that the shortage will grow more acute unless nurses' salaries are raised.

The Health Minister of Ontario, MacKinnon Phillips, has informed the Legislature that a grant of $1,000 per bed will be paid by the Ontario Government to aid hospitals constructing new nurses' residences.

The Alberta Government proposes to take away from the professional associations the right to decide academic qualifications for the legal, medical, dental, and pharmaceutical professions in the province. The professional associations will continue to issue licences.

The March-April number of *Health* carries the complete contents of the official United States Government booklet "Survival Under Atomic Attack."

Canadian casualties from Korea will have flying Florence Nightingales caring for them if they are flown home from McChord Field, Washington. One of the R.C.A.F. flight nurses will take over flight duty at Edmonton to the rest of Canada.

## New Brunswick Acts

When the general public is fully aware of the seriousness of any situation, when an intelligent public opinion demands an improvement in the existing conditions, then and only then will action be taken. Such was the premise which prompted the Fredericton Chapter of the New Brunswick Association of Registered Nurses to plan one of their regular meetings as a public meeting and to extend special invitations to representatives from various other professional and lay organizations.

Discussion was led by a panel of four speakers consisting of the Chief Superintendent of Education, who reviewed the entrance requirements to schools of nursing in New Bruns-

wick; the president of the N.B.A.R.N. gave a résumé of nursing education in that province; the Chief Medical Officer and Deputy Minister of Health discussed current factors creating changes in the use of nursing power; the general secretary of the C.N.A. spoke on patterns of nursing education in Canada and other countries. The large and representative audience gave evidence that the public is interested in nurses and nursing. The type of questions raised indicated not only a desire to learn more but also to assume responsibility to initiate desirable changes. Perhaps we should concentrate more upon this form of public education. As so often happens following a presentation of this kind, the earnest seekers after knowledge remained to confer at greater length upon practical ways and means of improving the preparation of the nurse as well as methods of increasing the supply.

So many favorable reactions were received by the chairman of the panel, we dare to hope further action will result.

## Training Nursing Assistants

Increasing attention is being focussed on the role of the practical nurse, nursing assistant or nursing aide in the total nursing care of the community. With the scarcity of registered nurses to fill all the needs and recognition of the fact that many nursing duties may be undertaken by one who is prepared to give simple nursing care, schools for the training of nursing assistants have been established in most of the provinces throughout Canada.

A great deal of work has been done with regard to the question of auxiliary nurses by the Canadian Nurses' Association and provincial committees but, as there is a considerable amount of variation in the preparation and use of these workers and as their role is not clearly understood by all professional groups and the community, the C.N.A. Executive Committee has appointed a special committee to study the present courses offered, in an effort to find the best course to pursue in the training of nursing assistants.

This committee, with representation from Vancouver to the Maritimes, met during the week of March 19 and hopes to bring out a report for submission to the C.N.A. in the near future.

## News from Great Britain

The Education Department of the Royal College of Nursing held two study days for private nurses on April 19-20.—*Nursing Times*, Mar. 10, 1951.

County Council of Essex has a Student Health Visitors Training scheme. The course is of one year's duration and is held at the Technical College, Dagenham. Successful candidates will be employed by the County Council and receive an inclusive salary of £275 a year during training and financial assistance towards fees, travelling, and other expenses. Uniforms will be provided. Accepted candidates will be required, after qualifying, to work as health visitors in Essex at salaries in accordance with the recommendations of the Whitley Council.—*Nursing Mirror*, Mar. 9, 1951.

The Ministry of Health (Northern Ireland) has confirmed that the per capita tuition grant would be raised to £25 for eligible students taking the current health visitors training course.

The first District Nurse Tutors' course will start in September. The chairman of the Education Committee, Royal College of Nursing, reports that, following inquiries, it has been agreed to arrange a course for teachers of district nurse students.—*Bulletin, Royal College of Nursing*, Feb. 15, 1951.

## "Stress"

During these days when we are all exposed to pressures, mental and physical, the following quotation from the dedication of Professor Hans Selye's recent book "Stress" may carry a comforting message:

This book is dedicated to those who suffer from stress. To those who, in their efforts for good or evil, for peace or war, have sustained wounds, loss of blood, or exposure to extremes of temperature, hunger, fatigue, want of air, infections, poisons, or deadly rays.

To those who are under exhausting strain of pursuing their ideal—whatever it may be. To the martyrs who sacrifice themselves for others, as well as to those hounded by selfish ambition, fear, jealousy—and worst of all by hate.

But most personally, this book is dedicated to my wife who helped so much to write it. For she understood that I cannot, and should not, be cured of my stress, but merely taught to enjoy it.—*Nursing Times*, Mar. 3, 1951.

## Study of Nursing Functions

The A.N.A. study of nursing functions is going forward under the general direction of an advisory committee headed by the Rev. John J. Flanagan, executive director of the Catholic Hospital Association. Purpose of the study is to ascertain proper functions and relationships of all types of nurses as a basis for determining the quantity and quality of nursing service required for optimum health care. The study is to last five years. "The crucial shortage of professional nurses in the critical national emergency makes the study of utmost importance."—FATHER FLANAGAN.

The committee urged that institutional management, personnel management, and vocational training of non-nurse personnel be deleted from the duties of the nursing staff so that time and skills of nurses can be concentrated on nursing care.—*The Modern Hospital*, Feb. 1951.

# Orientation et Tendances en Nursing

COUP D'OEIL ICI ET LÀ

Vous tenez-vous au courant des développements concernant les assurances de santé? Une pluie de découpures de journaux, sur ce sujet, tombe sur nos bureaux. D'après ce que nous entendons dire, en sourdine, le plan d'assurance obligatoire en Colombie-Britannique ne fonctionne pas sans difficultés.

Nous notons que les infirmières des industries dans l'Ontario et dans le Québec ont été, dernièrement, très actives; que les infirmières ont tenu des assemblées à Montréal — les sujets à l'étude était "Tendance et Développement en Pédiatrie" et "Les Soins Complets à un Cardiaque." Le groupe français des infirmières des hôpitaux ont aussi tenu ses journées d'étude. Le sujet traité était "Devons-Nous Améliorer les Soins de Nos Malades?"

En Colombie-Britannique, l'institutrice ambulante a donné à travers la province une série de cours aux diplômées; le Dr. Charlotte Whitton a adressé la parole aux infirmières de Timmins sur "Le Nursing et les Besoins de la Population." De la Nouvelle-Ecosse, l'on nous rapporte que quatre infirmières ont suivi des cours post-scolaires au sanatorium anti-tuberculeux de cette province. Dans la même institution l'on a accueilli des étudiantes en stage.

Un bon moyen pour remédier à la pénurie d'infirmières vient d'être pris par le Kinette Club d'Ottawa en offrant une bourse d'étude à l'élève ayant obtenu le plus haut nombre de points à l'école primaire supérieure et admise comme étudiante à l'Ottawa Civic Hospital. A Estevan, C.B., un chapitre des Filles de l'Empire a fait le même geste en faveur d'une élève du Vancouver General Hospital.

Si l'on compare le salaire des institutrices à celui des infirmières, ces dernières se classent de loin les deuxièmes.

Un des membres de la Législature de l'Ontario, ayant lu les annonces du *Canadian Nurse*, a averti ses collègues que le nombre des infirmières continuerait à diminuer si l'on n'augmente pas leurs salaires. L'Hon. Ministre de la Santé de l'Ontario a informé la Législature qu'un octroi de $1,000 par lit serait payé par le gouvernement de cette province pour aider les hôpitaux à construire des résidences pour les infirmières.

Le Gouvernement de l'Alberta se propose d'enlever aux associations professionnelles le droit de décider des qualifications académiques requises par les professions d'avocat, médecin, dentiste, et pharmacien. Les associations professionnelles continueront à émettre des licences.

Le numéro de mars-avril de la revue *Health* reproduit en son entier la brochure du Gouvernement des Etats-Unis sur "La Survivance lors d'une Attaque par la Bombe Atomique."

Les blessés de la guerre de Corée auront à leur côté des anges consolateurs lorsqu'ils seront transportés de la côte américaine du Pacifique à leur demeure. Des infirmières du Corps Royal de l'Aviation canadienne ont été designées pour remplir cette fonction.

### Le Personnel Infirmier Auxiliaire

L'attention se porte de plus en plus sur le rôle de l'auxiliaire (practical nurse) ou aide dans le domaine des soins aux malades. Considérant que le nombre d'infirmières est insuffisant pour répondre aux besoins de la population, et que beaucoup d'activités dans le domaine des soins aux malades peuvent être confiées à des personnes préparées à donner certains soins simples, des écoles d'aides ont été établies dans la plupart des provinces du Canada.

Une grande somme de travail a été accomplie par l'A.I.C. et les comités provinciaux concernant les aides. Néanmoins il y a beaucoup de variantes dans la préparation des aides et dans leurs attributions et, comme leurs fonctions ne sont pas clairement définies, les groupes professionnels et le public ne comprennent pas toujours le rôle que ces aides sont appelées à jouer. Un comité spécial a été nommé par l'A.I.C. pour étudier les cours offerts afin de déterminer quel est le meilleur pour la formation des aides.

### Au Nouveau-Brunswick: De l'Action

Lorsque le public se rend compte de la gravité d'une situation et que ce même public demande d'améliorer cette situation, alors les moyens sont pris pour arriver à cette fin. Le chapitre de Fredericton de l'Association des Infirmières Enregistrées du Nouveau-Brunswick a organisé une assemblée ouverte au public et a envoyé des invitations à des représentants de diverses professions et organisations. A ce forum sur l'éducation de l'infirmière le Surintendant de l'Instruction Publique détermina les exigences académiques requises par les écoles d'infirmières de cette province; la présidente de l'A.I.E.N.B. donna un résumé de l'éducation de l'infirmière dans cette province; le Sous-Ministre de la Santé et un médecin discutèrent les facteurs qui ont amené les changements dans l'emploi des services de l'infirmière; la secrétaire-générale de l'Association des Infirmières du Canada présenta quelques exemples de l'éducation de l'infirmière donnée au Canada et dans d'autres pays. L'auditoire représentait un grand nombre d'organisations et leur présence démontrait l'intérêt porté au nursing. Les questions posées témoignaient de leur désir, non seulement d'être mieux renseignés mais aussi d'assumer leurs responsabilités. Peut-être deverions-nous concentrer nos efforts en ce sens—vers une plus grand éducation du public.

Des personnes intéressées discutèrent de moyens pratiques à prendre pour améliorer la préparation donnée à l'infirmière et pour augmenter leur nombre.

### Nouvelles de la Grande-Bretagne

Le Conseil du Comté d'Essex organise un cours d'infirmières hygiénistes d'une durée d'un an, lequel sera donné au College Technique de Dagenham. Les candidates, ayant passé avec succès les examens d'admission, seront employées par le Conseil de Comté et recevront un salaire net annuel de £275 durant leur cours, et une aide financière, leur permettant de défrayer les frais d'inscription, de voyage, et autres. Leurs études terminées, ces infirmières travailleront dans le Comté d'Essex aux conditions recommandées par le Conseil de Whitley.

En Irlande du Nord, le Ministère de la Santé a confirmé qu'on octroi de £25 sera accordé aux candidates admises au cours d'infirmière hygiéniste.

### "Stress"

Ce livre du Dr. Hans Selyé, professeur à l'Université de Montréal, "est dédié à tous ceux qui portent le poids du jour, fatigue de l'effort pour la cause du bien ou du mal, pour la paix ou la guerre, à ceux qui ont souffert de blessure, du frois, de la faim, de l'infection, des poisons, et des rayons mortels.

"A ceux qui ont poursuivi fidèlement leur idéal malgré les obstacles. Aux martyrs

qui se sont sacrifiés pour autrui et aussi à ceux qui ont été hantés par une ambition égoïste, par la peur, la jalousie, et par la pire des choses . . . la haine.

"Mais tout particulièrement ce livre est dédié à mon épouse qui m'a tellement aidé à écrire ce livre. Comprenant que je ne puis être guérie de ma tension, elle m'a enseigné à la supporter joyeusement."

### Etude sur les Fonctions Relevant de l'Infirmière

L'Association des Infirmières des Etats-Unis va de l'avant dans l'étude des fonctions relevant des infirmières sous la direction générale du Rév. John J. Flanagan, directeur de l'Association des Hôpitaux Catholiques. Le but de cette étude est de déterminer les fonctions relevant de tout le personnel infirmier professionnel et auxiliaire et la relation entre ces groupes et, enfin, la quantité et la qualité de soins requis en nursing pour maintenir le meilleur état de santé. Cette étude durera cinq ans. "La pénurie d'infirmières au moment, où le pays peut passer à l'état d'urgence, montre l'importance de cette étude," dit le Père Flanagan. Le comité chargé de cette étude recommande que l'administration, la direction du personnel, l'éducation du personnel, sauf des infirmières, soient enlevés des devoirs de l'infirmière afin que cette dernière consacre son temps et son habileté au soin du malade.

## School of Nursing, University of B.C.

(*continued from page 420*)

ing. The program entails approximately three years of work beyond university entrance (those who have completed senior matriculation can probably meet requirements in two years) and offers the student a choice of one of the following fields of specialization:

1. *Public Health Nursing:* Preparation for staff positions.

2. *Clinical Supervision:* To equip nurses for head nurse and supervisory positions in hospitals and schools of nursing; includes preparation for clinical teaching. Students enrolling for this program may select medical-surgical nursing, obstetric nursing, or pediatric nursing as a focus for their studies.

3. *Nursing Education:* A program for experienced graduate nurses; will give consideration to the organization and administration of the educational program in a school of nursing as well as to the problems of teaching.

### Admission Requirements (Degree Course)

1. Academic standing that will admit to the university (junior matriculation).

2. Good physical and emotional health and the personal qualifications considered essential for success in the chosen field.

3. Satisfactory completion of the basic course in a recognized school of nursing, such course to have included instruction and experience in pediatric nursing, communicable disease nursing (including tuberculosis), psychiatric nursing, and an introduction to public health nursing.

If deficiencies are found to exist in one or more of these areas for which acceptable supplementary experience can be obtained, the School of Nursing will assist an applicant to make arrangements for the needed experience.

4. Satisfactory graduate nurse experience appropriate to the field of study to which the applicant seeks admission.

Nurses who have already completed a certificate course at the University of British Columbia and wish to qualify for the degree of B.S.N. should seek further information from the School of Nursing.

II. **Certificate Courses for Graduate Nurses:** Approximately 10 months in length; designed to enable qualified graduate nurses who are not interested in completing degree requirements, or who, for various reasons—e.g., financial, are unable to do so, to prepare themselves for service in a special field. Two certificate courses are available:

1. *Public Health Nursing.*

2. *Clinical Supervision:* Prepares for head nurse or supervisory positions in

hospitals and schools of nursing, including preparation for clinical teaching. Students enrolling for this program may select medical-surgical nursing, obstetric nursing, or pediatric nursing as a focus for their studies.

ADMISSION REQUIREMENTS
(CERTIFICATE COURSES)

1. Academic standing that will admit to the university (junior matriculation).
2. Good physical and emotional health and the personal qualifications considered essential for success in the chosen field.
3. Satisfactory completion of the basic course in a recognized school of nursing and registration in the province or country from which the applicant comes.
4. Satisfactory graduate nurse experience appropriate to the field of study to which the applicant seeks admission.

Interested nurses who desire further information regarding any of these courses should write to the *Director, School of Nursing, University of British Columbia, Vancouver, B.C.*

## War Memorial Committee

(*continued from page 425*)

Rockefeller Foundation, has just gone back to the United States.

You will be interested to know also that there are two other Canadian nurses in Delhi now and that students from this College are getting the benefit of teaching from both of them. Miss Nancy Toy (WHO pediatric nurse from Brantford and the Hospital for Sick Children, Toronto) gives them classes in normal development of children and pediatric nursing, helps them with their normal play group experience, and has them on the children's ward at the Irwin Hospital where she is working. When children are discharged, they are referred again to our staff and student nurses working in the public health field. A new 90-bed children's unit is just being built at the Irwin Hospital, so that the work Miss Toy is doing should have a chance of going straight on. I am just home from a meeting of the Delhi State Branch (Miss Korah in the chair) at which Miss Toy was the speaker. Those who know her will imagine just how good she looked to the eye while she held forth so smoothly and effectively on all it means to nurse children—who make up 40-50 per cent of India's population.

Miss Marjorie Hudson (a fellow graduate of the Royal Victoria Hospital, Montreal, and WHO T.B. nurse) has just arrived. She is helping our students already with tuberculosis experience and we are hoping that they may have more and more opportunity of working with her.

So you see, used by students and staff —in the classroom, in the ward, in the rural and the urban public health field— your books will be in constant demand, helping to prepare nurses and ensuring better nursing and health work in India. Very many thanks.

# Book Reviews

**Scientific Principles in Nursing,** by M. Esther McClain, R.N., B.S., M.S. 410 pages. Published by The C. V. Mosby Co., St. Louis. Canadian agents: McAinsh & Co. Ltd., 1251 Yonge St., Toronto 5. 1950. Illustrated. Price $3.50.

*Reviewed by Grace Smith, Instructor of Nurses, Royal Columbian Hospital, New Westminster, B.C.*

This book is new. The material is up to date and covers the subject matter usually included in the preliminary term for student nurses. The presentation is clear and the content is well organized. It is divided into five units, each chapter following an organized plan for the integration of the sciences related to the nursing procedures. The sciences are: anatomy and physiology, micro-

biology, chemistry, pharmacology, physics, psychology, and sociology. Additional material is given in Learning Situations for the Patient. The suggestions are practical and helpful for the new student with the added responsibility of teaching health to her patients. The summaries at the end of each chapter are brief and concise. The exercises include the pertinent and important points. The suggested performance check lists include details easily checked under reliable headings. The reference lists at the back of the book are detailed for each chapter which indicates that the informative material was drawn from reliable sources.

Unit One is divided to include an overview of modern nursing in its widest aspects of theory and practice. This unit is concluded with an essential chapter on the hospital and unit environment for the patient, referring to the use of modern sanitary techniques.

The patient in the hospital is the major concern of the nurse and her role as a versatile, understanding hostess is emphasized as an important element in recovery. When the patient is established in the hospital we are directed to the use of important arts, one of which is observation. "Observation is based on knowledge, interest, and attention." A reliable and extensive outline is given in observations from the standpoint of anatomy and physiology. This material, compiled in this way, is valuable to the student in order that she may know what to look for. She is able to make comprehensive reports and records by the use of correct terminology. Chapters with material on topics for the comfort of the patient, the dismissal of the patient, and the care of the dying are well covered in this unit.

The patient's needs are competently and broadly dealt with. The hygienic care of the patient and the health teaching opportunities of the nurse are well presented and adequately emphasized. A unit on Making the Diagnosis includes reliable information on the application of cardinal signs and symptoms, and diagnostic tests. The final unit on Therapeutic Measures covers a wide field in nursing procedures. Each unit follows an organized plan for integration of the sciences and scientific principles related to nursing theory and practice.

The question which stimulated the author to write this book is one which has caused many people concern and wonder, namely,

"Write one principle from each science related to nursing and tell how it may be applied to a procedure of your choice." The author has shown how basic scientific principles or facts can be applied in the nursing procedures. The material in the book gives the reasons behind the methods we teach and which the nurse uses in nursing the patient. This book will be valuable to those interested in promoting integration and correlation of all courses in the curriculum of schools of nursing. It will also provide excellent reference material for the student.

**Professional Nursing—Trends and Adjustments,** by Eugenia Kennedy Spalding, R.N., M.A. 536 pages. Published by J. B. Lippincott Co., Medical Arts Bldg., Montreal 25. 4th Ed. 1950. Illustrated. Price $4.50.

*Reviewed by Christina Sinclair, Science Instructor, Galt Hospital, Ont.*

The first edition of this book was derived "from studies among graduate and nursing students to determine their problems and needs, and what they believed might have helped them to make better personal, professional and social adjustments." This edition is considerably revised to include the problems and needs and the efforts to solve them that have so rapidly developed during the last four years.

Though primarily written as a text for senior students, it embraces such a variety of topics that any nurse would find it a valuable reference book. In this last respect it would be a great aid for staffs and nursing groups in rural areas where expert counsellors are not always close at hand to provide information or advice.

Of particular interest to nurses actively engaged in their profession are the units dealing with the social and professional outlook of the graduate nurse and choosing a field of work and succeeding in it. The former contains a comprehensive summary of the recent events that are influencing nursing trends, the major problems confronting the profession, and some enlightening comments by various groups, which gives their impressions of nursing factors which require improvement or change. The latter contains, for each of the major fields, a definition of the work involved, essential qualifications, advantages and disadvantages, and probable trends. Specific facts, such as salary ranges, community nursing policies, and regulations in government positions, refer to United States standards and the value of this part is somewhat limited for Canadians. This

is also true of the bibliographies and references.

The subject matter is presented under question headings and so gives some indication of the scope of the book. Sample questions include: Are you a probationer wanting an up-to-date account of nursing organizations for a history assignment? a new graduate seeking guidance on how to choose a special field? a graduate wondering how to approach an interviewer for a much-desired job or what to include in your letter of application? a nominee for office in an organization wanting to know your probable duties? a committee member on a nurse recruitment scheme looking for information on press and radio publicity? an employed nurse concerned over the best saving plan to provide for your future security? Not all the answers are here, but the basic principles and guiding facts are, aided by a full bibliography for more detailed study and stimulating questions to encourage further thinking.

**The Practice of Nursing,** by Hilda M. Gration, S.R.N., S.C.M., D.N. (Lond.) and Dorothy L. Holland, S.R.N., S.C.M., D.N. (Lond.). 456 pages. Published by Faber & Faber Ltd., London, Eng. Canadian agents: British Book Service (Canada) Ltd., 263 Adelaide St. W., Toronto 1. 3rd Ed. 1950. Illustrated. Price $3.25.

*Reviewed by Mrs. Ruberta Schieder, Nursing Arts Instructor, Peterborough Civic Hospital, Ont.*

This book is written in such a manner that the patient is placed in the centre of the picture, which is valuable to the student nurse. This impresses her with the idea that the hospital exists for the care and comfort of the sick primarily, her training being secondary.

It includes many treatments which are not in common use today—e.g., cupping, leeches, etc. General care, cleanliness, and elimination are dealt with rather fully. Stress is placed on the practice of two nurses working together, which is not practical in most hospitals with their present staff.

Treatments and general nursing care are incorporated and there are numerous pictures and illustrations throughout the book. However, while it may be a valuable reference book for the library, I do not feel it would make a good textbook for the student nurse in Canada.

**Fevers for Nurses,** by Gerald E. Breen, M.D., D.P.H., D.O.M.S. 220 pages. Published by E. & S. Livingstone Ltd., Edinburgh. Canadian agents: The Macmillan Co. of Canada Ltd., 70 Bond St., Toronto 2. 3rd Ed. 1950. Illustrated. Price $1.45.

*Reviewed by Sister Miriam Teresa, Supervisor, Tuberculosis Pavilion, St. Joseph's Hospital, Victoria, B.C.*

In the preface to the first edition (1938), the author states that he has written this book in conformity with the requisites of the syallabus of the General Nursing Council of London, England, intending it for the use of nurses of that country studying for a certificate in Fever Nursing. This term, used to designate communicable diseases, has been more or less abandoned in Canada as being too indefinite to cover the wide range of diseases included under this title.

In the present revised edition, Dr. Breen's evident purpose is to give the so-called fever nurse a general knowledge of the more common infectious diseases, together with their cause, management, and prevention. The author is well qualified to deal with this subject and succeeds in conveying his meaning with a minimum of words. The book's greatest value undoubtedly lies in its clear, simple, and direct style.

However, the British approach differs widely from that of current texts used in this country. Dr. Breen discusses only the more common infections of world-wide occurrence; those indigenous to certain places or climates are not mentioned, thus excluding rickettsial, protozoal, and helminthic diseases.

The chapters are well planned but lack the more detailed outlines and explanations of our better known publications. In the main part of the book, nursing care is considered contiguous with the treatment while, in general, medical terms are used sparingly. There are also some noticeable differences in asceptic technique, an important example being the disposal of tuberculous sputum. The English text recommends its collection in mugs containing disinfectant, whereas the more standardized and stringent methods of this country prescribe the use of a waxed cardboard box which, with its contents, is destroyed by burning.

With the advent of modern treatment and drugs, it is somewhat surprising to find "puerperal fever" included in this group, while a chapter on Care of the Newborn, without any reference to disease, appears out of place in such a text.

The first part of the book is devoted to general features of infectious diseases and includes well-defined explanations of the various disease-producing organisms, immunity, general inspection of the patient, with directions on nursing care and management of the febrile state. The necessity and means of avoiding cross-infection are stressed and other helpful points are mentioned in a chapter on Principles of Prevention. This,

and the preceding three chapters, should be especially valuable to nursing instructors and students alike.

In evaluating this work, it must be kept in mind that it was written to conform to the demands of a particular syllabus not in use here. Hence, while it doubtless fulfils its own purpose, the limitations of its material and its basic approach, as well as differences in technique, will probably exclude its use as a text for nurses in Canada. However, its many good features should make it a valuable reference book, especially for the student and the nursing instructor.

## Ontario

The following are staff changes in the Ontario Public Health Nursing Service:

**Appointments:** *Jean Clark* (St. Paul's Hosp., Saskatoon, and University of Manitoba public health nursing course) to North York board of health; *Essie Kain* (Toronto Western Hosp. and University of Toronto general course) to Sault Ste. Marie board of education; *Rose Roy* (B.Sc., University of Ottawa) to Sturgeon Falls; *Eola Scott* (Hamilton Gen. Hosp. and U. of T. gen. course) and *Mrs. Barbara Rooke* (B.A. and B.Sc.N., U. of T.) to Welland and district health unit; *Mary Shaver* (St. Michael's Hosp., Toronto, and U. of T. gen. course) to York County health unit.

**Resignations:** *Faustina Fournier* from Prescott and Russell health unit; *Beth MacCallum* from Lambton health unit.

## Transplanting Teeth

"Calico", an eight-month old black-and-brown female cat, will conceivably become the most famous feline of 1951. Her fame will rest on the fact that "Calico" has a tooth growing in her lower jaw, that once belonged to another cat.

The explanation of this phenomenon is that an assistant professor of anatomy at Columbia's College of Physicians and Surgeons has succeeded in transplanting teeth from one young cat to another. The professor, Dr. Harry H. Shapiro, cautions that there is no assurance as yet that such transplantation would be successful in human beings.

"It may or may not be possible to obtain these results with human beings," is the most he will say.

Dr. Shapiro has worked for eleven years on the problem of transplantation. He has used cats because the development of their teeth and jaws is similar to that of human beings and because their teeth are completely developed in less than one year. Dr. Shapiro emphasizes that the young cats are not harmed in any way.

"They undergo the same operative treatment that is accorded humans—complete with anesthesia," he is quick to point out.

— *Columbia Reports*

## Diseases of the Mouth Tissues

The possible relationship between endocrine secretions and diseases of mouth tissues will be investigated by Dr. George T. Lewis, professor of biochemistry at Emory University.

Dr. Lewis will make a study of the effect of systemic disease and endocrine imbalances on the tissues around the tooth. Changes in the gum which frequently occur during pregnancy are thought by many researchers to be due to some altered hormone balance. Study of these alterations in hormone balance may lead, at least in part, to an explanation of the cause of peridontal diseases such as pyorrhea.

## ℞ *Chuckles* P.R.N.

A ventriculogram is the electrical graph of the ventricle beat of the heart.

A cisternal puncture is inserting a needle into the cistern between the cerebullum and the medulla.

A lucid interval means a period of consciousness, returning to consciousness, being unconscious, and going back.

Incontinent is the inability on the part of the patient to prevent voiding.

Weak or defective organs that cause disease are hereditary, therefore making the offspring deceptable to the diseases of the parents.

Water is one of the essentials of life. We literally float in and out of existence on water.

A symptom of peptic ulcer is breathing from the chest only.

If allergic patient cannot stand it without a pet in the house—if animal causes trouble—get a fish.

A laxative is a drug that is given to ensure adequate illumination.

## M.L.I.C. Nursing Service

*Apolline Coursol* has resigned from the Metropolitan Life Insurance Company Nursing Service. Miss Coursol was on the Montreal staff. *Jeanne d'Arc Hamel* has been transferred from Three Rivers, Que., to Montreal, *Genevieve Lord* from Shawinigan Falls, Que., to Three Rivers.

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Though we travel the world over to find the beautiful, we must carry it with us or we find it not.—EMERSON

## Nursing Sisters' Association

Madeline Taylor has been re-elected president of the *Montreal Unit*. Other officers include: Vice-President, E. Honey; secretary, Merle Smith; treasurer, Mrs. P. Bisaillon. Committees: Visiting, Mrs. J. A. Toller, N. Kennedy-Reid, G. MacLellan; social, P. Babcock, D. Jamieson, O. Mulligan; special, G. Layman, M. A. Beaumont, E. MacNaughton. Mrs. Rose Babbage was reappointed directory convener.

# News Notes

### ALBERTA

JASPER

The regular monthly meeting of Edith Cavell Chapter was held at the home of Mrs. Bried with 17 members present. The treasurer reported that $29.75 is now in the bank, the scales purchased for the hospital costing $30.90. Mrs. Pohlman was appointed delegate to the A.A.R.N. annual meeting held at Banff in May. It was mentioned that a talk on nursing was given by Mrs. Douglas to the Girl Cadet Corps. After the business meeting, a paper was presented on "The Nursing Care of Neurosurgical Patients" by Mmes Douglas and Pearce.

### BRITISH COLUMBIA

CHILLIWACK

At the 10th anniversary of Chilliwack Chapter, Alice L. Wright, R.N.A.B.C. executive secretary, was guest speaker. She outlined the association's activities since 1912,

when the group was first recognized by the government, and the advantages of the Provincial Placement Service. She also discussed finance and registration. Reports were presented on the special meeting held in Victoria in March and the district meeting in Abbotsford.

Refreshments included a decorated cake to commemorate the chapter's anniversary and six of the 21 charter members present included: Kay Crowley, Mmes B. McKay, W. Tuvery, J. Barker, F Storey, and E. Roberts.

### KAMLOOPS-TRANQUILLE

The eighth annual Valentine Tea held by the chapter, and convened by Mrs. R. Waugh, netted $462.26. The raffle, bazaar, home-cooking, and tea room all helped to swell the coffers. Proceeds will go towards the Scholarship Fund and to assist the special nurses' fund for patients unable to pay for specialized care. This latter fund has now reached $200 while $400 is at the disposal of the Scholarship Fund. Five dollars was donated to the Red Cross and the Conquer Cancer Campaign received a similar amount.

E. Moody of Tranquille and P. Rowe of Kamloops were sent as delegates to a special meeting in Victoria. Ferne Trout, R.N.A.B.C. itinerant instructor, conducted a refresher course for the graduates.

### VANCOUVER

*St. Paul's Hospital*

Sr. Julie is now night supervisor. Sr. Sophania has been transferred from Kenora, Ont., to St. Paul's.

### VICTORIA

*Royal Jubilee Hospital*

The following are taking the post-graduate course in operating room technique and administration: C. Leask, E. Laubach, M. Upham, F. King.

## MANITOBA

### BRANDON

At a meeting of the Association of Graduate Nurses, M. Jackson reported that money voted toward classroom use had been used to supply wall-charts. Mrs. W. Speakman mentioned the enjoyable dinner held by the married nurses' group. A. Bennett still had hospital cook books for sale. L. Arnott and Mrs. R. Griffith were appointed delegates to attend the M.A.R.N. convention in Winnipeg. The Nominating Committee consists of A. Bennett, A. Janzen, P. Donohue, and Mrs. Speakman who will turn in their report at the annual dinner.

Following business, Miss Arnott's group put on a skit entitled "Mental Hygiene." Appreciation was expressed by Mrs. A. Wiley and then her group served refreshments.

Margaret E. Nix, B.A., M.P.H., director of health and welfare education, Manitoba Department of Health and Public Welfare, spoke at the Mental Hospital to over a

hundred people, composed of student nurses from the General and Mental Hospitals, male attendants, occupational therapists, affiliates and post graduate students, and graduate nurses.

This was one of a series of lectures organized for student education in the principles of public health and the development of an integrated personality with particular reference to the development of physical, emotional, and social well-being.

*Winnipeg General Hospital*

At the April meeting of the alumnae association, Dr. Harry Joyce, assistant minister at Westminister Church, gave a talk on Ireland. Mr. Lowell Wood, tenor, entertained the members with several selections.

## NEW BRUNSWICK

CAMPBELLTON

The following officers were elected at the annual meeting of the Soldiers' Memorial Hospital Alumnae Association: President, V. Hamilton; vice-presidents, Mmes R. Millican, N. Watling; secretary, I. Allison; treasurer, D. MacBeath. Committees: Buying, D. MacBeath, Mrs. N. Allingham; ways and means, V. Doucet, F. Hitchcock, Mmes V. Paley, D. MacGregor. Councillors, Mmes J. MacPherson, MacAllanach, D. Dimock, F. Caldwell.

During the past months, the alumnae's activities have been numerous and varied. The annual dinner and theatre party, held in February, was honored by the presence of Alena MacMaster, superintendent, who gave a talk on the school of nursing and the influence of the alumnae on the nurses. Cups and saucers were presented to five brides at the dinner. A home-cooking sale was held in one of the local stores when a substantial sum was realized. Plans are being made for the annual Tag Day and graduation exercises. At this time a bouquet of red roses will be presented to each graduate and the operating room prize to the lucky winner.

FREDERICTON

*Victoria Public Hospital*

One hundred and four graduates attended the annual reunion dinner of the alumnae association when special guests included Mary E. Ingham, superintendent of nurses, Dr. J. F. McInerney, and the 23 members of the 1951 graduation class. After dinner, the following toasts were proposed: The King, by Mrs. R. Perley; Alma Mater, by Mrs. E. Keenan, responded to by Mrs. P. Staples; the doctors, by M. Allen, responded to by Dr. McInerney; the graduation class, by Mrs. C. Simms, responded to by J. McAllister.

Dr. McInerney, as guest speaker, chose as his topic "Anesthesia for Abdominal Surgery," dividing his address into four divisions: choice of anesthetic; effect of anesthesia on pathological condition of patient; ideal operating conditions for surgeon; choice of method psychologically suited to patient.

Miss Ingham chose as hers ubject "A Nursing School Alumnae Association." She also thanked the alumnae members for their cooperation in the past and wished the new graduates success.

The business meeting followed, presided over by the retiring president, V. Good. The following officers were elected to serve during the coming months: Honorary president, M. E. Ingham; president, A. Miller; secretary-treasurer and assistant, M. J. Brewer, K. MacFarlane. Committee conveners: Ways and means, Mrs. T. Donovan; visiting and welfare, Mrs. R. Lawrence; dinner, Mrs. A. Grant; picnic, Mrs. H. Sinnott. Additional executive, M. Barry, Mrs. B. Colter. Mrs. M. E. Scott is press correspondent.

Mrs. R. Brewer was convener for the very successful dinner.

## MONCTON

P. Alward, president, was in the chair at a regular meeting of Moncton Chapter when the guest speaker was Muriel Hunter, N.B.A.R.N. president. Miss Hunter stressed the importance of constructive planning, suggesting that the chapter might arrange programs to cover the various phases of nursing. She stated that current trends in nursing should be studied in order that all nurses might play an active part in the future of their profession.

### *Nurses Hospital Aid*

It was decided to look into the matter of purchasing a croup tent with an oxygen pressure regulator for the pediatric ward of the Moncton Hospital at a recent meeting of the Nurses Hospital Aid. The president, Mrs. J. Pettet, was in the chair. A letter of thanks was read from the Board of Trustees of the hospital, expressing appreciation for the heart model purchased by the members. A letter was also read from F. Breau, superintendent of nurses, thanking the members for donating several dozen flower vases to the hospital. Mrs. A. Hopper was appointed to buy card tables and chairs for the new recreation room for the student nurses. Mrs. Pettet will look after the purchase of a record player for the pediatric ward. Mrs. K. Carroll reported on arrangements for the annual dinner and dance for the graduation class of the hospital. Mrs. K. Fraser won the "mystery box." Mmes S. Dunham and J. Innes handed in money from the "rolling dollar."

The N.H.A., organized in the fall of 1940, is made up of married nurses in and around Moncton. Their projects are for the purpose of aiding the hospital and student nurses.

## SAINT JOHN

### *General Hospital*

Members of the 1951 graduation class of the school of nursing were guests at a meeting of the alumnae association, with 38 members present. The president, B. Selfridge, was in the chair. Preliminary plans were made for the entertainment of the 1951 class at a dinner

and dance and for the presentation of a prize for the highest standing as the alumnae's gift at the exercises. Members brought to the meeting a large donation of food for overseas which will be packed and forwarded.

The alumnae recently entertained at tea in honor of Alma Law, N.B.A.R.N. executive secretary, and Belle Howe, who is retiring from the nursing profession after serving for many years as matron of Turnbull Home. Both are leaving Saint John to reside in Fredericton. The guests were welcomed by Miss Selfridge and presented with Royal Doulton figurines by their associates. Mrs. F. M. McKelvey and L. C. Belding presided over the tea-cups while the alumnae executive and the student nurses assisted in serving.

Around 100 guests enjoyed the dance arranged by the senior intermediate class of nurses. Guests were received by Jane Stephenson, director of nurses, L. Peters, assistant director, and J. Gillie, class representative. S. Boyaner was the general convener of arrangements, assisted by M. Briggs and P. Pearson.

Mrs. T. (Russell) Craig has been appointed to the O. R. staff while M. Cowan is now with the obstetrical department. C. Vaughan has resigned from the latter staff to be married. Ruth Chase has resigned from S.J.G.H. to join the R.C.A.F. as a nursing sister, stationed at St. John's Que.

## NOVA SCOTIA

### Annapolis County

Margaret Blair, who has been on the staff of the N.S. Sanatorium, Kentville, for several months, is now public health nurse here.

### Halifax

*Children's Hospital*

Marie MacDougall has accepted a position on the nursing staff of University Hospital, Cleveland, Ohio.

*Victoria General Hospital*

A native of Antigonish, Muriel J. Graham, has been appointed nursing arts instructor by WHO to serve at the Rangoon General Hospital, Burma.

### Kentville

The Valley Branch, R.N.A.N.S., met recently in general session at the N.S. Sanatorium when the nurses had the privilege of joining with the doctors in attending a lecture on "The Significance of Chest Pains" given by Dr. C. Beckwith, superintendent of the Tuberculosis Hospital, Halifax. The Branch meeting continued later when the main topic of discussion was the provincial annual meeting to be held in Windsor.

The Berwick nurses were hostesses at the meeting and a vote of thanks was extended to them by M. Spence of the Sanatorium staff.

### Queens-Shelburne Branch

During the past year, this branch has held its meetings in varied and novel places. In

March, the members met in a cabin on the Sable River. A friend of the nurses was the hostess and had roaring wood fires to greet the members after their long, cold drive. A report of the executive meeting, held in Halifax, was discussed. Refreshments were served by the Shelburne group. The April meeting was held at Ragged Islands Inn, the picturesque tourist home of D. Arnold, a retired nurse. M. Hartlen, vice-president, presided. B. Buck, V.O.N. relief nurse, Ottawa, gave an amusing account of her preparations to come to Nova Scotia. A hearty welcome was given Sylvia Kinsman and Mrs. H. Smith of Caledonia. They had motored 70 miles, despite bad roads, rain and fog, to attend the meeting. The Lockeport group served refreshments.

Staff changes at Queens General Hospital, Liverpool, include: E. Hollowell and F. Gardner, new appointments; resigned, M. Conrad, to go to Hamilton, Ont. Joy MacDonald, public health nurse at Shelburne, has returned from post-graduate study at the N.S. Sanatorium, Kentville. C. Stevens has resigned from Roseway Hospital to go to Halifax.

SPRINGHILL

Dora Moore of Bathurst, N.B., has been appointed superintendent of nurses at All Saints' Hospital, replacing Frances Newman who has been assisting in that capacity for the past few months. Miss Moore was formerly night supervisor at Miramichi Hospital, Newcastle, N.B., and has also served on the staff of Moncton Hospital and other institutions.

## ONTARIO

### DISTRICT 1

LONDON

Muriel Kennedy takes over the post of director of nursing service of the London branch of the Red Cross, succeeding Barry Bowles. A graduate of Victoria Hospital, Miss Kennedy has served on the staff of her alma mater and is president of V.H. Alumnae Association.

### DISTRICT 5

TORONTO

*St. Michael's Hospital*

At a regular meeting of the alumnae association the treasurer's report, given by D. Murphy, showed that the general fund was now $2,336.78 while that of the scholarship fund was $4,343.95. Mrs. Romano gave her report as Blue Cross representative. G. Ferguson told the members that a profit of $240.40 was realized from the January dance. A motion was carried that fees for associate members be raised to $2.00 per year. Misses Beausoleil and McHenry will take charge of the Spring Tea and Misses McGregor and MacDougall will convene the graduation dance.

The following officers will serve during the coming year: President, G. Ferguson;

vice-presidents, P. O'Connor, M. Moore, M. Ray; recording and corresponding secretaries, M. Quinlan, J. Lacroix; treasurer, G. Donovan; active and associate membership, F. Turcotte, Mrs. J. McCormack; nursing education, G. Murphy; representatives to: R.N.A.O., M. Schwanbeck; registry, H. O'Sullivan, A. Murphy, Mrs. A. Romano; Blue Cross, Mrs. Romano; press, D. Bowman. *The News* editor is K. Boyle.

D. (Murphy) McCann is on the staff at 2A. R. Nesbitt is with the Peace River Hospital, Alta. L. Ryan is at the hospital at The Pas, Man. L. McIntyre is industrial nurse at Laura Secord Candy Shops Ltd. M. McIntosh is public health nurse at Chester, N.S. T. M. Kelly is with the Wellington County Health Unit, Guelph. G. O'Donnell is on the teaching staff of St. Francis Hospital, Evanston, Ill. N. McPherson is employed in the office of Dr. N. W. Cornell, professor of surgery at Cornell Medical Centre, N.Y. M. Beattie is at St. Francis Hospital, Santa Barbara, Calif.

## District 7

### Kingston

*Ontario Hospital*

The annual bridge and euchre party was held recently by the alumnae association when winners included: Miss Leishman, Mmes J. Powell, R. Campbell, Warner, W. Allan, Acton, Messrs. F. Fleming, R. McCarthy, Pomeroy, R. Keeler, K. White, and Chinnery. Miss Ross won the birthday prize and Mrs. McBroom the door prize. The motor rug was won by L. McQuaide, the heating pad by Mr. A. Cowell, and the coffee percolator by A. Jack. Fifty dollars from the proceeds will be donated to the Red Cross.

## District 8

### Cornwall

*Hotel Dieu Hospital*

A group of 90 young girls (*see photo*) with their teachers recently visited St. Joseph's School of Nursing with an eye towards nursing as a possible career. The girls were conducted through the nurses' residence by Sr. St. George, superintendent of nurses, and the instructors, Srs. Mooney and M. Magdalen.

The visit included the classrooms, lounges, library, kitchenette, laundry, and bedrooms. They showed keen interest in everything, particularly in "Jimmie," the skeleton from which the nurses study anatomy, "Mrs. Chase," the adult-size doll, and "Baby Chase," with its magic rubber skin on which the student nurses practise giving baths and treatments.

The visit wound up in the auditorium where Sr. Mooney explained which subjects were the more important for the potential nurse to take in high school together with a general idea of what nursing is like. Following this the "young hopefuls" enjoyed a movie, depicting the ups and downs of two girls from their entrance in a school of nursing till their graduation.

OTTAWA

Graduates of the Lady Stanley Institute Alumnae Association held a dinner in April to commemorate the Diamond Jubilee of the founding of the Lady Stanley Institute of the County of Carleton General Protestant Hospital. E. McColl, who graduated three years after the Institute's founding, was an honored guest. Mrs. G. O. Skuce gave an address reminiscent of nursing days and the hospital which was the forerunner of the Ottawa Civic.

## QUEBEC

MONTREAL

The English Public Health Interest Group of the A.N.P.Q. held two meetings in March when "Trends and Developments in Pediatrics" were discussed. The speaker at the first meeting, Dr. Alan Ross, outlined current practices in the care of childhood diseases, stating that advances in medicine had turned the emphasis from the control of communicable disease and directed attention to problems such as rheumatic fever.

The second meeting took the form of a panel discussion by the staff of the Children's Memorial Hospital. M. Flander, educational director, introduced the participants, who were: Mrs. N. Franklin, B. Carter, and B. Woolner. The story of an 18-month-old child, acutely ill with pneumonia, was presented. Since nursing methods in hospitals are today considering the child as a living growing individual with unique needs, this discussion demonstrated in an instructive way a plan of nursing care and ward administration devoted to the happiness and well-being of the child.

*General Hospital*

The alumnae association held a sucessful bridge in aid of the Nora Livingston Fund. The School for Nurses is representated this year at McGill School for Graduate Nurses by: J. Anderson, S. Bradford, E. Chalmers, J. Ellis, I. Jensen, A. McEwen, and I. Riley. L. Baird is with WHO in Rangoon, Burma. A. Christie is spending six months in Australia following a year in New Zealand hospitals. E. J. Wyman and C. McIntosh are doing post-graduate work at the University of Pennsylvania. A. G. Pena and B. Zoppel, of the staff of the American-British Cowdray Hospital, Mexico City, have returned home after seven months at M.G.H.

*Herbert Reddy Memorial Hospital*

Mrs. Crewe presided at a regular meeting of the alumnae association when Dr. M. B. MacKenzie gave a talk on "Cancer" and a colored film, showing the cytology tests, was

presented. Dr. MacKenzie was introduced by Mrs. Wolfson and thanked by Mrs. Hymovitch.

*McGill School for Graduate Nurses*

In March the School held its annual graduation banquet at the LaSalle Hotel when the guest speaker was Dr. C. P. Martin, chairman of the anatomy department at McGill University. Seated at the head table were Dr. and Mrs. Martin, the School staff, including: E. Honey, A. Peverley, E. Logan, E. Ogilvie and J. M. Holder, as well as the following students who presented toasts: M. Barrett (Student Council president), K. Brady, C. Wacowich, and F. MacDonald.

In April the students were hostesses at the annual Spring Tea. Guests were received by the School staff and M. Barrett.

*Royal Victoria Hospital*

Miss Hutchison has been appointed to the admitting office staff. The following have resigned: J. Bulman, Ward I, to go to England for post-graduate study in ophthalmology; H. McIntyre, Ross 3, and E. O'Neill, Ward M, to be married; P. Thompson, Ward D; Mrs. McEwen. Recent visitors to the Nursing School Office included Mrs. (Bigely) Malcolm, and Shirley Brown who was en route to New York for post-graduate work in obstetrics.

## SASKATCHEWAN

In April, the Council of the S.R.N.A. were hostesses at an informal coffee party in honor of Dr. Pauline Jewett who has been appointed to undertake the Structure Study of the C.N.A. This was held in the Solarium of the Regina Grey Nuns' Hospital. Guests were leaders from the fields of health, welfare, and education.

REGINA

*Grey Nuns' Hospital*

The Catholic Nurses' Association held a successful evening coffee hour, proceeds from the affair going to the bursary fund. The bursary is presented to a member of the graduating class of the school of nursing. Another enjoyable event was the "April Fool" dance given by the student nurses.

Hester Lusted, western supervisor, V.O.N., was a visitor to the hospital and school of nursing.

SASKATOON

*St. Paul's Hospital*

The Saskatoon Unit of the provincial Council of Catholic Nurses made a Holy Year Pilgrimage in April, when a number of student nurses were privileged to join. Mr. Christian Smith, health education director for Saskatchewan, gave a talk on WHO to the hospital personnel and student nurses. Another speaker to the graduate staff was Mr. Fred MacKinnon, government representative, whose subject was the new hospital superannuation plan.

# Positions Vacant

*Advertising Rates—$5.00 for 3 lines or less; $1.00 for each additional line.*

**Asst. Supt. & Instructor** for 95-bed hospital. Small Training School. Apply, stating salary expected, age, religion & qualifications, Supt., Victoria Hospital, Renfrew, Ont.

**Supervisor of Labor & Delivery Floor** in large, modern Obstetrical Unit. 5,340 deliveries in 1950. University course preferred. Experience essential. For information regarding salary & perquisites write Supt., Mt. Hamilton Hospital, Hamilton, Ont.

**Dietitian** (urgent) for 150-bed General Hospital. Apply, stating experience & salary expected, Supt., Grace Hospital, St. John's, Newfoundland.

**Staff Nurses** for all Services. Beginning cash salary: $242 per mo. 40-hr. wk. 50 cts. per day extra for afternoon & night duty. Increase in salary every 6 mos., if merited. Employment standards approved by Michigan State Nurses Ass'n. Apply Director of Nurses, St. Joseph Hospital, Mt. Clemens, Michigan.

**Public Health Nurses** for Stormont, Dundas & Glengarry Health Unit. Generalized program. Salary: $2,200 minimum with annual increments according to experience. Liberal car allowance. Good personnel policies. Apply Miss R. Kavanagh, Public Health Nursing Supervisor, 104-2nd St. W., Cornwall, Ont.

**Nurses for Mission Hospital** in Aklavik, N.W.T. Address applications to The Bishop of The Arctic, 604 Jarvis St., Toronto 5, Ont.

**Graduate Nurses** for completely modern West Coast hospital. Salary: $190 per mo. less $40 for board, residence, laundry. $10 annual increments. Special bonus of $10 per mo. for night duty. 1 mo. vacation with full salary after 1 yr. service. 1½ days sick leave per mo. cumulative to 36 days. Transportation allowance not exceeding $60 refunded after 1st yr. Apply, stating experience, Miss E. L. Clement, Supt. of Nurses, General Hospital, Prince Rupert, B.C.

**General Duty Nurse** for 18-bed hospital. Salary: $170 less $20 for full maintenance. $5.00 raise after 6 mos. employment & 1 mo. holiday with pay after 1 yr. Apply Sec.-Treas., Municipal Hospital, Rimbey, Alta.

**Registered Nurses** (3) for 30-bed hospital. Salary: $150 per mo. plus board & room in modern residence. $10 per mo. raise after 1 yr. Town of 1,300 pop. with excellent sport facilities. 8-hr. shift, 6-day wk. 1 mo. holiday with pay. Staff—7 R.N.'s, 2 nurse aides, 2 doctors. Write or wire collect J. H. Moysey, Sec.-Mgr., Union Hospital, Eston, Sask.

**General Duty Graduate Nurses** for new, well-equipped, 60-bed acute General Hospital in heart of famous logging industry on B.C. Coast. Salary: $185 per mo. less $25 for board, room, laundry. 4 wks. annual vacation plus 10 statutory holidays. Sick time. Fare advanced if desired. Due to high rate of matrimony, we have constant demand for nurses. Apply Supt. of Nurses, St. George's Hospital, Alert Bay, B.C.

**Educational Director** for 220-bed hospital. Student enrolment approx. 75. Psychiatric & tuberculosis affiliation. Good working conditions. Annual vacation with pay, statutory holidays & sick leave. Apply, stating full qualifications, experience & salary expected, Supt. of Nurses, General Hospital, Brandon, Man.

## CANADIAN RED CROSS SOCIETY

invites applications for **Administrative** and **Staff** positions in **Hospital, Public Health Nursing Services,** and **Blood Transfusion Service** for various parts of Canada.

- The majority of opportunities are in **Outpost Services** in British Columbia, Saskatchewan, Manitoba, Ontario, Quebec, New Brunswick, and Nova Scotia.
- Commensurate salaries for experience and qualifications. Transportation arrangements under certain circumstances.

*For further particulars apply:*
**National Director, Nursing Services, Canadian Red Cross Society, 95 Wellesley St., Toronto 5, Ontario.**

**General Duty Nurses** for 220-bed hospital with School of Nursing. Salary: $160 per mo. Annual increment. Cumulative sick leave. 1 mo. vacation after 1 yr. service. 8-hr. day, 48-hr. wk. Apply Supt of Nurses, General Hospital, Brandon, Man.

**General Duty Staff.** 50-bed hospital in growing community. Major services. 8-hr. day. Good salary. Pleasant apt. quarters. Cumulative sick leave. Apply Administrator, Oakville-Trafalgar Memorial Hospital, Oakville, Ont.

**Dietitian** (experienced) for 100-bed hospital immediately. Apply Medical Supt., Children's Hospital, Halifax, N.S.

**Dietitian** for new 125-bed hospital by Aug. 1. Apply Supt., Prince County Hospital, Summerside, P.E.I.

**Asst. Instructor & General Duty Nurses** for 125-bed General Hospital. Excellent salary. 8-hr. day. 4 wks. vacation with pay. Apply, stating qualifications, Supt., Soldiers' Memorial Hospital, Orillia, Ont.

**Asst. Supervisor for Operating Room** of 450-bed General Hospital. Apply, stating qualifications & salary expected, Director of Nursing, General Hospital, Saint John, N.B.

**Graduate Nurse for Charge of Operating Room** for minor surgery in Tuberculosis Hospital. For further particulars apply Director of Nursing, Royal Edward Laurentian Hospital, Ste. Agathe des Monts, Que.

**Public Health Nurses** (2) (experienced) immediately. Salary range: $2,470-2,950 with starting salary based on experience. Pension, Blue Cross, medical care, other privileges. Apply Local Board of Health, 2090 Wyandotte St. E., Windsor, Ont.

**Registered Nurse for General Duty** at General Hospital, Palmerston, Ont., immediately. Salary: $140 per mo. including meals & laundry. 12 days sick leave, 2 wks. vacation with pay, 7 statutory holidays. Apply Supt.

**General Duty Nurses** for modern, well-equipped hospital in picturesque Lakehead. 45-hr. wk. Cumulative sick leave. 1 mo. vacation after 1 yr. service. Gross salary per mo.: $185 less $20 for meals. A further $25 charged if living in residence. Annual increment. Railway fare up to $50 with 1 yr. contract. Also **Instructor** to assist senior instructor in teaching dept. Anatomy & Physiology, & Pharmacology chief subjects. Gross salary: $225. Apply Director of Nursing, General Hospital, Port Arthur, Ont.

**Nursing Clinical Instructor** for 390-bed hospital with school of 200 students. To work with another clinical instructor. Separate office in hospital. 1 mo. vacation, sick leave, pension plan. Salary in accordance with Sask. Registered Nurses' Ass'n recommendations. Apply Director of Nursing, City Hospital, Saskatoon, Sask.

**Clinical Instructors in Surgical & Obstetrical Nursing.** Salary range: $250-270 with merit increases to $290. Also **General Staff Nurses** for permanent duty or summer relief on medical, surgical, obstetrical & orthopedic floors & newborn nursery. Salary range: $220-240 with differential of $15 for evening or night duty. 3 wks. vacation. 6 legal holidays or equivalent. For General Hospital on Lake Michigan, 14 miles from Chicago. Apply Director of Nursing, Evanston Hospital, Evanston, Illinois.

**Instructor of Nursing & Clinical Supervisor.** Apply Director of Nursing, Victoria Public Hospital, Fredericton, N.B.

**Public Health Nurses** immediately for Greater Montreal Branch, Victorian Order of Nurses. Interesting program of nursing care & health counselling in homes. Stimulating staff education program. 5-day wk. 4 wks. vacation. Initial salary: $2,160. Apply District Supt., V.O.N. 1246 Bishop St., Montreal 25, Que.

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**Public Health Nurses** for expanding Health Unit program. Salary on scale: $2,040-2,640 Previous experience may be taken into account in fixing starting salary. Superannuation scheme in operation. 3 wks. holidays & provision for sick leave. Appointments in various parts of province. Further information obtained from & applications sent to Dr. N. Baster, Director of Health Units, Dept. of Public Health, Administration Bldg., Edmonton, Alta.

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**Public Health Nurse** for generalized service in urban municipality. Salary: $1,900-2,500 according to experience. Apply in writing, stating qualifications, experience, age, etc., Medical Officer of Health, Dept. of Health, City Hall, Kingston, Ont.

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**British Columbia Civil Service** requires: ***Registered Nurses for General Staff Duty for the Division of Tuberculosis Control***—*Vancouver Unit:* 225-bed T.B. Hospital, located at 2647 Willow St., Vancouver. All major services & student affiliation course. Registration in B.C. required. Gross salary: $182 per mo. Annual increments of $60 (over 5-yr. period). No residence accommodation. *Tranquille Unit:* 350-bed T.B. hospital, located 12 miles from Kamloops in southern interior. All major services except student affiliation. Gross salary: $188.50 per mo. Annual increments of $60 (over 5-yr. period). New modern residence; attractive bed-sitting rooms. Recreational facilities. Maintenance deduction: Room $5.00; laundry $2.50. Excellent food at 20 cts. per meal. ***Conditions—Both Units:*** 8-hr. day, 5½-day wk. rotating shifts. 4 wks. annual vacation with pay plus 11 statutory holidays. Sick leave, 20 days per yr. (14 cumulative). Promotional opportunities. Superannuation. Write for information & applications to Supt. of Nurses in respective Units or to Director of Nursing, Division of T.B. Control, 2647 Willow St., Vancouver, B.C.

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**Dietitian** for 100-bed hospital. Salary depends on experience & qualifications. For particulars apply Supt., Soldiers' Memorial Hospital, Campbellton, N.B.

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**Science Instructor & Surgical Clinical Instructor** by Aug. 20 for School of Nursing, General Hospital, Regina, Sask. Salaries open. Apply to Supt. of Nurses.

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**Teaching Supervisor for Dept. of Medicine, Teaching Supervisor for Dept. of Crippled Children, Teaching Supervisor for Dept. of Obstetrics, Head Nurse for Newborn Nurseries, Case Room Nurse & Scrub Nurses** for General Hospital, Regina, Sask. Salaries open. Apply, stating qualifications, experience & salary expected, to Supt. of Nurses.

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**General Duty Nurses** for General Hospital, Regina, Sask. 800 beds. 45-hr. wk., rotating shifts. Minimum salary (gross): $160.50 plus daily premium of 40 cts. per evenings & 35 cts. per nights. Vacation: 2½ days per mo. of service plus statutory holidays. Sick time: 21 days annually after 1st yr. Apply Supt. of Nurses.

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**Nursing Arts Instructor** for teaching staff of 450-bed hospital. 165 students. Apply, stating qualifications, Director of Nursing, General Hospital, Saint John, N.B.

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**Registered Nurses for General Staff Duty** on Rotation Service. Apply, Director, Shriners' Hospital for Crippled Children, 1529 Cedar Ave., Montreal 25, Que.

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**General Duty Nurses** for 400-bed hospital. New Wing just opened. 8-hr. day, 44-hr. wk 10 statutory holidays. B.C. registration required. Salary: $175 basic. Credit for past experience Annual increments. Vacation: 28 days after 1 yr. Sick leave: 1½ days per mo. cumulative Apply Director of Nursing, Royal Columbian Hospital, New Westminster, B.C.

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## • DIRECTOR OF NURSING •

Applications will be received by the undersigned for the position of **Director of Nursing** of the **Saskatoon City Hospital, Saskatoon, Sask.**, a 350-bed General Hospital. University affiliation. Duties will include those of the Principal of the School of Nursing. Comfortable suite provided in residence.

*L. T. Muirhead, General Superintendent.*

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**General Duty Nurse** for 40-bed hospital. 5 hrs. travelling time from Vancouver. 44-hr. wk. 28 days annual holidays plus 10 statutory holidays. Annual increases & cumulative sick leave. Self-contained nurses' home. Commencing salary: $2,100 annually plus $10 monthly bonus. Full maintenance for $40 per mo. Apply Director of Nursing, General Hospital, Princeton, B.C.

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**General Duty Nurses** for 350-bed Tuberculosis Hospital in centre of Laurentian summer & winter resort area, 2 hrs. from Montreal. Starting salary: $125 per mo. plus full maintenance. Attractive working hrs. with 1½ days off weekly & 1 week-end each mo. 1 mo. annual vacation. 14 days sick leave. Apply Director of Nursing, Royal Edward Laurentian Hospital, Ste. Agathe des Monts, Que.

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**Vancouver General Hospital** requires: (1) **Three Junior Classroom Instructors**—Salary: $207-232; (2) **General Staff Nurses**—Salary: $185-215 plus afternoon & night shift differential. Perquisites: 44-hr. wk.; 11 statutory holidays; 28 days vacation; 1½ days per mo. cumulative sick leave; Pension Plan (if under 35). Apply Director of Nursing, General Hospital, Vancouver, B.C.

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**General Duty Nurses.** Salary: $163.40 per 4 wks. 26 pays in a yr. on a bi-weekly basis. Salaries have scheduled rate of increase. 48-hr. wk. 8-hr. broken day: 3-11, 11-7, rotation. Cumulative sick leave. Pension Plan in force. Blue Cross. 3 wks. vacation after 1 yr. service. Apply Supt. of Nurses, Muskoka Hospital, Gravenhurst, Ont.

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**Graduate Nurse** for new modern 20-bed hospital. Salary: $150 per mo. & full maintenance. 8-hr. day, 6-day wk. 2 wks. with pay end of yr. Community near U.S. border. English-speaking population. Apply P. J. Rasmussen, Sec., Community Hospital, Climax, Sask.

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**Nursing Arts Instructor, Asst. Operating Supervisor, Night Supervisor, General Duty Nurses** for 200-bed General Hospital. Salaries: $195, 195, 205, & 175 plus Cost of Living Bonuses, respectively. 8-hr. day, 88-hr. fortnight. Statutory holidays. Sick time. 4 wks. annual vacation. Apply Supt. of Nurses, Royal Inland Hospital, Kamloops, B.C.

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**Graduate Nurses** for modern 100-bed hospital, 60 miles from Vancouver on Trans-Canada highway. Basic salary: $175 plus present C.O.L. adjustment $5 increase. 4 annual increments, $10, $5, $5, $5. Board, residence, laundry charges, $35 per mo. 44-hr. wk. 10 statutory holidays: 28 days annual vacation. 1½ days sick leave per mo. accumulative to 36 days. Apply Supt. of Nurses, Chilliwack Hospital, Chilliwack, B.C.

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**Graduate Dietitian** at Ontario Hospitals in Kingston, Whitby. Initial salary: $2,140 per annum plus $240 Cost of Living Bonus, less perquisites ($26.50 for room, board, laundry). Annual increment, accumulative sick leave, superannuation, 3 wks. vacation, statutory holidays & special holidays with pay. 5-day wk. Apply Supt. at above hospitals.

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**Registered Nurses for General Staff** at Ontario Hospitals in Brockville, Hamilton, London, New Toronto, Orillia, St. Thomas, Toronto, Whitby, Woodstock. Initial salary: $1,840 per annum plus $240 Cost of Living Bonus, less perquisites ($26.50 for room, board, laundry). Annual increment, accumulative sick leave, superannuation, 3 wks. vacation, statutory holidays & special holidays with pay. 8-hr. day, 44-hr. wk. Apply Supt. of Nurses at above hospitals.

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**Operating Room Nurses** (experienced). Also **General Duty Nurses.** Apply Director, Nursing Services, Toronto Hospital for Treatment of Tuberculosis, Weston, Ont.

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**Science Instructor** by Aug. 1 for 160-bed hospital with School of Nursing. New residence, including Teaching Dept., opened last Aug. & new hospital opened this May. Apply Miss V. Graham, Director of Nursing, Sherbrooke Hospital, Sherbrooke, Que.

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**Graduate Staff Nurses** for modern 250-bed hospital, fully approved, 75 miles from New York City. Salary range: $2,400-2,600. Vacation, sick time, holidays with pay. 40-hr. wk. plus overtime. Living accommodation available. Yearly increment. Apply Administrator, Vassar Brothers Hospital, Poughkeepsie, New York.

**Matron** within next few months for 25-bed hospital in Interior of British Columbia. Starting salary: $175 per mo. plus full maintenance. 8-hr. day. 10 statutory holidays. 1 mo. ann. vacation with pay after 1 yr. service. Sick leave, 1½ days per mo. Hospital on Kootenay Lake, one of the most beautiful parts of B.C. Apply, giving full particulars, Sec., Victorian Hospital, Kaslo, B.C.

**Nursing Arts Instructor** for General Hospital, Hamilton, Ont. Nurse experienced in bedside nursing & ward administration & with post-graduate course in Teaching & Supervision required. Initial gross salary bi-weekly: $99 plus Cost of Living Bonus of approx. $3.00. 44-hr. wk. For other perquisites—vacation, illness, pension, etc.—& further information apply Supt. of Nurses.

**Graduate Floor Duty Nurses** for Mt. Hamilton Maternity Hospital, Hamilton, Ont. 44-hr. wk. Statutory holidays. Initial gross salary bi-weekly: $79 plus Cost of Living Bonus. For other perquisites & further information write Supt.

**Graduate Floor Duty Nurses** for General Hospital, Hamilton, Ont. Gross initial bi-weekly salary: $79 plus Cost of Living Bonus of approx. $3.00. 44-hr. wk. For other perquisites & further information write C. E. Brewster, Supt. of Nurses.

**Alberta Civil Service, Tuberculosis Division, Dept. of Health,** requires: ***Registered General Duty Nurses***; also ***Tuberculosis Trained Nurses*** by Sept. 1 for opening of new 300-bed Aberhart Memorial Sanatorium, located on University Campus, City of Edmonton. All major services. Salary: General Duty; $150 per mo. plus Cost of Living Bonus, at present $32.50. Annual increment, $60 over 4-yr. period. Charge Nurses, $160 per mo. Cost of Living Bonus & annual increments as above. 8½-hr. day, 5½-day wk. Rotating shifts for General Duty Nurses. 33-day annual vacation. Sick leave determined by length of service. Pension Plan. Nurses' Residence (bed-sitting rooms) ready for occupancy Nov. 1. Deduction for those living in, $30 per mo. for room, board, laundry. Information & application forms available from Supt. of Nurses, Central Alberta Sanatorium, Calgary, Alta.

**General Duty Nurses**—medical, surgical, pediatrics, maternity, tuberculosis. Beginning salary: $246. $10 differential for pediatrics, tuberculosis, evening & night shifts. 600-bed hospital with School of Nursing. 40-hr. wk. 8 paid holidays. 3 wks. vacation. Laundry. Accumulative sick leave. Apply Director of Nursing Service, General Hospital, Fresno, Calif.

**Nursing Arts Instructor** for School of Nursing of 94 students. Excellent classroom facilities & living accommodation. Preference given applicants with experience. Good educational background essential. Apply Director of Nursing, Civic Hospital, Peterborough, Ont.

**Registered Nurses for General Duty** for 200-bed hospital in Niagara Peninsula. 46-hr. wk. Statutory holidays. Sick leave. 3 wks. vacation annually. Gross salary: $175. Apply Director of Nursing, Greater Niagara General Hospital, Niagara Falls, Ont.

**Operating Room Nurse**—graduate with experience in O.R. or post-graduate course preferred. Full maintenance. 1 mo. vacation on salary. Also **Nurse** with knowledge of **Laboratory & X-Ray.** Apply Supt. of Nurses, District Memorial Hospital, Winchester, Ont.

**Public Health Nurses** for Peel County Health Unit for generalized program. Unit is near Toronto. Salary range: $2,200-2,600 per yr. Liberal car allowance, holiday & sick leave benefits. For full information write Dr. D. G. H. MacDonald, Court House, Brampton, Ont.

**Registered Nurses for General Staff** in 21-bed hospital. Salary: $155 per mo. Room, board, uniform laundry provided. Rotating shifts. 48-hr. wk. Blue Cross Plan. 3 wks. holiday after 1 yr. service. Apply Supt. of Nurses, General Hospital, Espanola, Ont.

**Educational Director; Evening Supervisor; Head Nurse for Medical-Surgical Division; Clinical Instructor in Obstetrics.** Salary range for last 3 positions: $190-205 per mo. Apply A. D. Potts, Director of Nursing, General Hospital, Belleville, Ont.

**Dietitian** for 400-bed hospital. Must be graduate of recognized School of Dietetics. Apply Chief Dietitian, General Hospital, Saint John, N.B.

**Public Health Nurses** for Kent County Health Unit which is carrying out generalized program in Southwestern Ontario. Present minimum salary is $2,150 but suitable adjustments made for experience. Unit cars available & for those who wish to drive own cars, travel allowance of 8 cts. per mile paid. Apply, stating age & qualifications, Supervisor of Nurses, Kent County Health Unit, Chatham, Ont.

**General Duty Nurses** (2) for 60-bed hospital. 48-hr. wk. Salary: $125 per mo. with 2 annual increments of $5.00. Full maintenance. 4 wks. vacation at end of 1 yr. service. Apply Supt., General Hospital, Goderich, Ont.

**Graduate Nurses** for 20-bed hospital. Basic salary: $150 per mo. with full maintenance. Apply, stating age, experience & salary expected, T.G.H. Lewis, Sec.-Treas., Union Hospital, Dodsland, Sask.

**Director of Nursing Education** for Victoria Hospital, Prince Albert, Sask. 160 beds; student enrolment 60. New classroom, demonstration room & library. Apply Supt. of Nurses.

**Matron** for new (1950) 8-bed Medical-Nursing Unit. Salary: $185 per mo. with full maintenance. Apply R. Carl Atkins, Sec.-Treas., Baldur Medical Nursing Unit, Baldur, Man.

**Asst. Supt. of Nurses** by Aug. 15 for Provincial Mental Hospital, Ponoka, Alta. 1,450-bed active treatment hospital, conducting accredited School of Nursing. Apply, stating qualifications, experience & year of graduation, to Supt. of Nurses.

**Asst. Night Supervisor, Obstetrical & Nursery Supervisors & General Duty Nurses** immediately. Full maintenance. 1 mo. vacation in addition to salary which is on scheduled rate of increase. 150-bed General Hospital. New wing recently opened. Apply Director of Nursing, General Hospital, Brockville, Ont.

**Operating Room Supervisor** with post-graduate course preferred. 185-bed hospital. Salary: $175 per mo. with full maintenance. Also **Night Supervisor.** Salary: $175 per mo. with full maintenance. **Asst. Night Supervisor.** $160 per mo. with full maintenance. **General Duty Nurses.** For full particulars apply Supt. of Nurses, General Hospital, Medicine Hat, Alta.

**Obstetrical Supervisor,** qualified to teach, for new 192-bed General Hospital. Obstetrical Dept., 24 beds. School of Nursing student enrolment, 65-70. Salary open. New York State licence required. Apply House of the Good Samaritan, Watertown, New York.

**Operating Room Supervisor,** qualified to teach, immediately for new 192-bed hospital—active service. Established school—enrolment 65-70. New bldg., 5 operating rooms. New York State licence required. Apply House of the Good Samaritan, Watertown, New York.

**Public Health Nurses** (2) by Aug. 1. Starting salary: $2,100 with annual increase of $120 per annum to maximum of $2,460. Previous experience qualifies for higher starting salary. Apply, stating qualifications & experience, Arthur H. Evans, Sec., Board of Health, Port Arthur, Ont.

**Public Health Nurses** (qualified). Salary schedule: $2,200-2,900. Car provided or car allowance. Direct inquiries to Dr. C. W. MacCharles, M.O.H., Northumberland-Durham Health Unit, Cobourg, Ont.

**Graduate Nurses** (male & female) for 45-bed hospital. Salary: $120 per mo. plus full maintenance. 8-hr. day, 6-day wk. 3 wks. vacation with pay after yr. of service. 7 statutory holidays. Sick time allowance. Apply Supt., County of Bruce General Hospital, Walkerton, Ont.

**Graduate Nurses for General Duty.** Gross salary: $180 with additional $5.00 when registered in British Columbia. Annual increments. Statutory holidays. Good living accommodation & cafeteria service at reasonable cost. Apply Supt. of Nurses, West Coast Hospital, Port Alberni, Vancouver Is., B.C.

**Staff Nurses,** eligible for registration in Michigan, for all services in modern 200-bed hospital. Salary: $226 per mo. for 40-hr. wk. 6 mos. increase. $10 extra for 3-11 & 11-7 duty. 7 paid holidays. 2 wks. vacation & 12 days sick leave per yr. Cafeteria meal service. Laundry furnished. Apply Supt. of Nurses, General Hospital, Pontiac 18, Michigan.

**Asst. Supt., Ward Supervisor & General Duty Nurses** for 60-bed General Hospital. Good salary. Apply Supt., Public Hospital, Smiths Falls, Ont.

**Public Health Nurses** for staff of Oxford Health Unit. Minimum salary: $1,900; consideration given for previous experience. Pension plan & group life insurance. Cumulative sick leave 1½ days per mo. to maximum of 1 yr. 1 mo. vacation. Good working conditions. Apply Nursing Supervisor, Court House, Woodstock, Ont.

## UNIVERSITY OF TORONTO SCHOOL OF NURSING

*Session 1951-52*

**BASIC PROFESSIONAL COURSE IN NURSING FOR THE DEGREE OF B.Sc.N.**

***One-Year Courses for Graduate Nurses leading to a Certificate:***

(a) Preparation for Hospital and Nursing School Services—Several courses in Clinical Supervision, in Administration of Nursing Service, and in Nursing Education. (b) Preparation for Public Health Nursing—General and advanced courses. (c) Any one of the above Certificate courses may be combined with the course in the Faculty of Arts, leading to a B.A. degree as well as the professional Certificate.

*For further information apply to the Secretary of the School.*

**Science Instructor** (experienced, B.Sc. required) & **Asst. Nursing Arts Instructor** (cert. in Teaching & Supervision required). Beginning salaries dependent on experience & qualifications. Both positions vacant Aug. **Operating Room Nurses** (experienced). Beginning salary dependent on post-graduate preparation & previous O.R. experience. **General Duty Nurses.** Basic beginning salary: $147.50 per mo. All personnel receive, in addition to salary, 2 meals & laundry. 48-hr. wk., straight shift. Afternoon & night shift differential. Sick leave. Annual increment of $60 per yr. over period of 4 yrs. Statutory holidays. 14 days vacation 1st yr. & 1 mo. hereafter. Apply Supt. of Nurses, General Hospital, Winnipeg, Man.

**Registered Nurses for General Duty** in Rotation Service. 44-hr. wk. Apply Supt., General Hospital, Sudbury, Ont.

**Public Health Nurses** (qualified) for Simcoe County Health Unit. Consideration will be given for experience & qualifications. Generalized service. Blue Cross Hospital Plan. Workmen's Compensation. Cumulative sick leave. 1 mo. holiday after 1 yr. service. Liberal car allowance. Apply Mr. J. R. Coleman, Sec.-Treas., Court House, Barrie, Ont.

**General Duty Nurses** for 20-bed Isolation Hospital. Salary: $190 per mo. Meals & laundry. 8-hr. broken duty. 5½-day wk. Apply Arthur H. Evans, Sec., Local Board of Health, Port Arthur, Ont.

**Graduate Floor Duty Nurses** for 70-bed hospital. Salary: $140 per mo. plus full maintenance. 44-hr. wk. 1 week-end per mo. 1 mo. holiday with salary after 1 yr. service. Science & Nursing Arts Instructors. $165 per mo. plus full maintenance. Apply Miss S. M. Blight, Supt: of Nurses, General Hospital, Portage la Prairie, Man.

**Public Health Nurses** for Victorian Order of Nurses, Toronto Branch. Minimum salary: $2,250. Allowance for previous experience. Initial uniform allowance. Apply Miss Ethel Cryderman, District Supt., V.O.N., 281 Sherbourne St., Toronto 2, Ont.

**Public Health Nurse** for generalized program with Health Unit. Minimum salary: $2,200 with allowance for experience. Annual increments; cumulative sick leave. Pension Plan & Blue Cross Hospital Plan if desired. Apply Dr. A. E. Thoms, Director, Leeds & Grenville Health Unit, Victoria Bldg., Brockville, Ont.

## NURSES—*Attention!*

Hospital desires to send Registered Nurses to an accredited **School of Anesthesia** to qualify them for ***Anesthetists*** and continue with full salary during the training period. *If interested, write immediately to:*

**F. J. McCarthy, Administrator, MacNeal Memorial Hospital, Berwyn, Illinois.**

**Nursing Arts Instructor** for Nursing Arts I & II. Asst. provided. Pre-clinical enrolment, 30. Salary open. Apply House of the Good Samaritan, Watertown, New York.

**Graduate Nurses (2).** Salary: $125 per mo. with $30 extra per mo. for night duty. Full maintenance with $5.00 increment every 4 mos. to $150. **Practical Nurses (2).** Salary: $65.90 depending on years of experience & increment of $5.00 every 6 mos. Positions open immediately. Standard arrangements re vacation. Statutory holidays & sick leave. Apply Supt. of Nurses, Altona Hospital, Altona, Man.

# Official Directory

## Provincial Associations of Registered Nurses

### ALBERTA

**Alberta Association of Registered Nurses**

Pres. (*acting*), Miss F. J. Ferguson, 5 Glenwood Manor, Calgary; Vice-Pres., Miss H. Penhale; *Councillor*, Rev. Sr. Annunciata, Mineral Springs Hosp., Banff; *Committee Chairmen: Institutional Nursing*, Miss F. McQuarrie, School of Nursing, Univ. Hospital, Edmonton; *Private Duty*, Miss J. G. Brown, 202 Anderson Apts., Calgary; *Public Health*, Miss K. Deane-Freeman, 216-17th Ave. W., Calgary; **Registrar, Mrs. Clara Van Dusen, 10129-102nd St., Edmonton.**

**Ponoka District, No. 2, A.A.R.N.**

President, Miss Geneva Battle; Vice-President, Miss Norma McDonald; Secretary-Treasurer, Miss Anne Kirkham, Provincial Mental Hospital, Ponoka; *Representative* to *The Canadian Nurse*, Mrs. Muriel Moffatt.

**Calgary District, No. 3, A.A.R.N.**

Pres., Miss B. Harrington; Vice-Pres., Miss M. Murray; Sec., Miss M. Robertson, 33 Lorraine Apts.; Treas., Miss I. Larson; *Committee Conveners: Private Duty*, Miss Robertson; *Public Health*, Miss M. Deane-Freeman; *Institutional Nursing*, Miss M. Macdonald; *Public Relations*, Miss K. Connor; *Program*, Mrs. O. Currie; *Xmas Parcels*, Miss Shaw; *Nurse Placement*, Miss M. Watt; *Ways & Means*, Mrs. E. Blair; *Reps.* to: *Press*, Miss Murray; *The Canadian Nurse*, Miss Shaw.

**Medicine Hat District, No. 4, A.A.R.N.**

Pres., Miss Marion Story, 24-1st St. S.W.; Vice-Pres., Mrs. Gordon Anderson, Miss May Shimbashi; Sec., Miss Marion MacKenzie; Treas., Miss Esther Janzon; *Social Service Convener*, Mrs. Ray Wall.

**Red Deer District, No. 6, A.A.R.N.**

Pres., Miss Olive Goodwin; Vice-Pres., Mrs. E. S. Brigham, Miss M. Exham; Sec.-Treas., Miss Alice Johnson, Municipal Hosp.; *Social Convener*, Miss Hilda Moen.

**Edmonton District, No. 7, A.A.R.N.**

Chairman, Miss M. Fitzsimmons; Vice-Chairmen, Miss C. Brown, Mrs. Hanna; Sec., Miss A. Wilson, 9219-110th Ave.; Treas., Miss M. Franko; *Program Committee*, Misses J. Morrison, E. Lea, Mrs. C. Van Dusen (registrar); *Reps.* to: *Local Council of Women*, Miss M. Fraser; *Council of Social Agencies*, Miss I. Johnson; *The Canadian Nurse*, Miss V. Chapman.

**Lethbridge District, No. 8, A.A.R.N.**

Pres., Mrs. E. Michael; Past Pres., Miss E. Hoyt; Vice-Pres., Miss A. Fallis, Sr. M. Rita; Sec., Miss G. Gorrill, Galt Hosp.; Treas., Mrs. M. Hunt, 619-11th St. S.; *Committee Conveners: Social*, Miss J. Veldhuis; *Program*, Miss D. Emery.

### BRITISH COLUMBIA

**Registered Nurses' Association of British Columbia**

**Pres., Sr. Columkille; Vice-Pres., Misses E. Paulson, J. Jamieson; Hon. Sec., Miss A. Creasor; Hon. Treas., Miss E. Gilmour; Past Pres., Miss E. Mallory; *Committee Chairmen: Public Health Nursing*, Miss J. Pallister; *Private Duty Nursing*, Miss K. MacKenzie; *Institutional Nursing*, Miss T. Strong; Placement Advisor, Miss E. Braund, 1101 Vancouver Block, Vancouver; Executive Secretary & Registrar, Miss Alice L. Wright, 1101 Vancouver Block, Vancouver.**

**New Westminster Chapter, R.N.A.B.C.**

Pres., Miss Grace Smith; Vice-Pres., Miss Cleta Thompson; Rec. Sec., Miss B. Lucas; Corr. Sec., Miss M. Harvey, 730-14th Ave.; Treas., Miss Betty Burpee; *Rep.* to *The Canadian Nurse*, Miss P. Wright, 911 St. Andrews St.

**Vancouver Island District**

Pres., Mrs. L. Caldwell, Box 430, Port Alberni; Vice-Pres., Miss J. E. Pearson, Gen. Hosp., Nanaimo; Sec.-Treas., Mrs. D. L. Lewis, West Coast Gen. Hosp., Port Alberni; *Councillors*, Mrs. Caldwell; Miss K. Bailey, West Coast Gen. Hosp., Port Alberni; Mrs. C. Macleod, 1751 Hampshire Rd., Victoria; *Rep.* to *The Canadian Nurse*, Miss J. Ciceri, Saanich P.H. Unit, Greater Victoria.

**Victoria Chapter, R.N.A.B.C.**

Pres., Mrs. R. Brown; Vice-Pres., Miss J. Jamieson, Sr. M. Lucita; Rec. Sec., Miss S. L. Bishop; Corr. Sec., Mrs. D. Daxre, 29 Paddon Ave.; Treas., Miss E. Dunne, 30 Douglas St., Apt. 34; *Committee Conveners: Program*, Miss I. Tuck; *Social*, Miss L. Foster; *Membership*, Mrs. T. Randall; *Phone*, Mrs. J. H. Russell; *Reps.* to: *Private Duty*, Mrs. Randall; *Institutional Nursing*, Miss B. Davis; *Public Health*, Miss I. Neilson; *Press*, Mrs. J. Mann; *The Canadian Nurse*, Miss O. Manarin.

**East Kootenay District**

**Fernie Chapter, R.N.A.B.C.**

Pres., Mrs. M. Halle; Vice-Pres., Miss E. Jordan; Sec. and *Press Rep.*, Mrs. M. Arbuckle; Treas., and *Canadian Nurse Rep.*, Miss Myra E. Young, Box 1060, Fernie; *Committees: Visiting*, Mmes L. Hogan, Citra; *Entertainment*, Misses M. Saunders, D. Vosburgh, Mrs. M. East.

**Okanagan District**

**Kamloops-Tranquille Chapter, R.N.A.B.C.**

Pres., Miss P. Rowe; Vice-Pres., Misses M. Rowles, B. Donaldson; Rec. Sec., Miss N. Williams; Corr. Sec., Miss M. Nishizaki, 15 Marcel St., North Kamloops; Treas., Miss J. Phillips; *Sections: Institutional Nursing*, Miss Donaldson; *Public Health*, Miss Y. Nedelic; *General Nursing*, Mrs. J. Hay; *Membership*, Misses H. Service, Chaffin; *Program*, Mrs. W. K. Waugh; *Visiting*, Miss O. Garrood; *Scholarship*, Miss M. Longmore; *Rep.* to *The Canadian Nurse*, Mrs. S. Ramage.

**Greater Vancouver District**

**Pres., Mrs. L. A. Grundy; Vice-Pres., Misses C. Charters, G. Wahl, Sr. Mary Michael; Sec., Miss Joan Flower, 1210 Jervis St., Vancouver.; Treas., Miss S. Ogilvie.**

**Vancouver Chapter, R.N.A.B.C.**

Pres., Miss B. McCann; Vice-Pres., Misses E. Rossiter, E. Hood; Rec. Sec., Miss B. McFaden; Corr. Sec., Miss B. Gordon, 1171 W. 32nd Ave.; Treas., Miss B. Hallam, Ste. 3, 344 W. 10th Ave.; *Committee Chairmen: Private Duty*, Miss M. Hackett; *Institutional Nursing*, Miss M. Abercrombie; *Public Health*, Miss C. Murray; *Councillors*, Misses H. Levenick, C. E. Charter.

### MANITOBA

**Manitoba Association of Registered Nurses**

Pres., Miss Christine MacArthur, 701 Medical Arts Bldg., Winnipeg; Vice-Pres., Misses D. Hibbert, E. M. Watts, A. K. Smith; *Section Chairmen: Hospital & School of Nursing*, Miss A. J. Gordon, Nurses' Res., Wpg. Gen. Hosp.; *Public Health*, Miss H. Setka, Ste. 4 Kennedy Apts., Wpg.; *General Nursing*, Mrs. M. S. Harney, Ste. 1, 696 Westminster Ave., Wpg.; **Exec. Sec. & Registrar, Miss L. E. Pettigrew, 214 Balmoral St., Winnipeg.**

## NEW BRUNSWICK

### New Brunswick Association of Registered Nurses

Pres., Miss M. E. Hunter, 282 O'Dell Ave., Fredericton; Past Pres., Miss H. M. Bartsch; Vice-Pres., Miss B. A. Beattie, Sr. Rosarie; Hon. Sec., Sr. Bujold; *Committee Chairmen: Private Nursing*, Miss M. Downing, 36 Cliff St., Saint John; *Public Health Nursing*, Miss D. Fowler, 136 Cameron St., Moncton; *Institutional Nursing*, Miss B. M. Selfridge, Gen. Hosp., Saint John; *Legislation*, Miss M. Myers, T.B. Hosp., East Saint John; *Educational Policy*, Miss K. MacLaggan, 385 Union St., Fredericton; *Health Insurance*, Miss M. E. Ingham, Victoria Public Hosp., Fredericton; *Adv.* to *Schools of Nursing*, Miss Myers; *Labor Relations*, Miss B. A. Beattie, Moncton Hosp.; *The Canadian Nurse*, Miss M. Dunbar, St. Stephen; *Councillors*, Misses H. J. Lynds, G. Stevens, S. Miles, Mrs. V. G. Craig; **Executive Secretary, Miss Alma F. Law, P.O. Box 846, Fredericton.**

## NOVA SCOTIA

### Registered Nurses' Association of Nova Scotia

Pres., Miss M. K. Miller; First Vice-Pres., Miss K. Harvey; Sec. Vice-Pres., Sr. Catherine Gerard; Third Vice-Pres., Miss J. Forbes; Rec. Sec., Miss M. Graham; *Committee Chairmen: Public Health*, Miss R. Myers, Sherriff Hall, Halifax; *Private Duty*, Mrs. D. Luscombe, 364 Spring Garden Rd., Hfx; *Institutional Nursing*, Sr. M. Estelle, Halifax Infirmary; *Program & Pub.*, Miss O. Hayes; *Legislative*, Mrs. D. McKeown; *Library*, Mrs. B. Carter; *Nominating*, Miss J. Church; *Adv.* to *Registrar*, Miss M. Haliburton; **Sec.-Treas. & Registrar, Miss Nancy H. Watson, 301 Barrington St., Halifax.**

## ONTARIO

### Registered Nurses' Association of Ontario

Pres., Miss G. J. Sharpe, Western Hosp., Toronto 2B; Vice-Pres., Misses B. M. Beyer, M. P. Stiver; *Interest Committee Chairmen: Institutional Nursing*, Miss J. E. Young; *Private Nursing*, Mrs. E. Brackenridge; *Public Health Nursing*, Miss J. C. Leask; *District Chairmen: Dist. 1*, Miss E. R. Horton, 16–3rd Ave., St. Thomas; *2 & 3*, Mrs. J. C. Sanders, 32 Wellington St. W., Woodstock; *4*, Miss I. Mayall, Gen. Hosp., Hamilton; *5*, Miss M. I. Tresidder, 170½ St. Clair Ave. E., Toronto 5; *6*, Miss A. L. Thomson, Civic Hosp., Peterborough; *7*, Miss M. A. Fairfield, Dept. of Health, Kingston; *8*, Miss L. M. Langford, 22 Melgund Ave., Apt. 2, Ottawa; *9*, Sr. St. Camillus, St. Joseph's Hosp., North Bay; *10*, Mrs. D. R. Easton, 35 Maudslay Crt., Port Arthur; **Sec.-Treas., Miss Florence H. Walker, 515 Jarvis St., Toronto 5.**

#### District 1

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#### Districts 2 and 3

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## PRINCE EDWARD ISLAND

### The Association of Nurses of Prince Edward Island

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## QUEBEC

### The Association of Nurses of the Province of Quebec

**The Association of Nurses of the Province of Quebec, created by Licensing Act, April 17, 1946, replacing The Registered Nurses Association of the Province of Quebec, Incorporated February 14, 1920.**

Pres., Mlle A. Martineau; Vice-Pres. (*Eng.*), Rev. Sister M. Felicitas, Miss C. V. Barrett; Vice-Pres. (*Fr.*), Mlles F. Verret, R. Aubin; Hon. Sec., Miss H. Lamont; Hon. Treas., Mlle B. Laliberté; *Councillors*, Mlles M. Lacombe, G. Gariépy, M. A. Trudel, J. Gagnon, L. Couet. The above constitute the *Executive Council &* are *Members of the Committee of Management*, together with: Mme M. A. Flynn, Mlles C. Demers, M. Bissonnet, G. Beauregard, Rév. Sr. St. Ferdinand, Rév. Mère Marie-Paule, Rév. Sr. Valérie de la Sagesse, Mlle G. Charbonneau, Miss M. Flander, Rév. Sr. Paul du Sacré-Coeur, Misses D. Goodill, I. Black. *Advisory Board*, Miss G. Hall, Rév. Sr. Valérie de la Sagesse, Misses M. S. Mathewson, M. E. Lunam, V. Graham, Mlle G. Lamarre, Miss E. C. Flanagan, Mme Boisvert. *Committee Chairmen: Institutional Nursing* (*Eng.*), Miss N. Mackenzie, Gen. Hosp., Montreal 18; (*Fr.*), Rév. Sr. D. Lefebvre, Institut Marguerite d'Youville, Montréal 25; *Public Health* (*Eng.*), Miss C. MacIntosh, 2096 Claremont Ave. Apt. 28, Montreal 6; (*Fr.*), Mlle E. Merleau, 5302 ave. Victoria, app. 2, Montréal 26; *Private Duty* (*Eng.*), Miss Wood, 212 Brock Ave., Montreal West 28; (*Fr.*), Mlle B. Labelle, 3622 rue St. Denis, Montréal 18. *Chairmen, Board of Examiners:* (*Eng.*), Miss A. Haggart, Royal Victoria Hosp., Montreal 2; (*Fr.*), Mlle Trudel, Hôp. Ste. Justine, Montréal 10. **Sec.-Registrar, Miss Margaret M. Street. Asst. Sec.-Registrar, Miss R. Catherine Aikin. Visitor to Fr. Schools of Nursing, Mlle S. Giroux. Association Headquarters, *504-6 Medical Arts Bldg., Montreal 25.***

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## SASKATCHEWAN

### Saskatchewan Registered Nurses' Association (Incorporated 1917)

A/Pres., Miss I. Langstaff, Normal School, Saskatoon; A/First Vice-Pres., Miss F. Copeman, Sask. Training School, Weyburn; Sec. Vice-Pres., Rev. Sr. M. Tougas, Regina Grey Nuns' Hosp.; *Councillor*, Miss D. Code, Health Region, Moose Jaw; *Committee Chairmen: Private Nursing*, Mrs. G. Robertson, 2100 Rae St., Regina; *Institutional Nursing*, Miss A. Campbell, Prince Albert Sanatorium; *Public Health Nursing*, Miss M. Edwards, Dept. of Public Health, Prov. Health Bldg., Regina; **Sec.-Treas. & Registrar, Miss Lola Wilson, Northern Crown Bldg., 1821 Scarth St., Regina.**

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### A.A., Grace Hospital, Winnipeg

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## NEW BRUNSWICK

**A.A., Hotel Dieu Hospital, Campbellton**

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**A.A. Victoria Public Hospital, Fredericton**

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**A.A., Saint John General Hospital**

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**A.A., L. P. Fisher Memorial Hospital, Woodstock**

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**A.A., Victoria General Hospital, Halifax**

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**A.A., City Hospital, Sydney**

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## ONTARIO

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**A.A., Brantford General Hospital**

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**A.A., Brockville General Hospital**

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**A.A., Ontario Hospital, Brockville**

Pres., Miss M. Best; Vice-Pres., Mmes E. Wilkins, O. Belfoi; Sec., Mrs. B. Kirker; Treas., Mrs. O. Bigford, 9 Hubbie St.; *Committees: Membership*, Mmes J. Gaffney, C. Jenkins, M. Fairbourne; *Welfare*, Mmes S. Wilson, A. Haggerty, H. Forbes; *Social*, Mrs. R. Warner, Misses M. Martin, T. Lynch; *Rep.* to *Press*, Mrs. A. Dodds.

**A.A., Public General Hospital, Chatham**

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**A.A., St. Joseph's Hospital, Chatham**

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**A.A., Cornwall General Hospital**

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**A.A., Hotel Dieu Hospital, Cornwall**

Hon. Pres., Sr. St. George; Pres., Sr. Mooney; Vice-Pres., Miss Veronica McPhail; Sec.-Treas., Sr. St. M. Magdalen, H.D.H.; *Social Convener*, Mrs. J. Densmore.

**A.A., McKellar Hospital, Fort William**

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**A.A., Galt Hospital**

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**A.A., Guelph General Hospital**

Hon. Pres., Miss R. Gaw; Pres., Miss M. McFee; Vice-Pres., Miss L. Campbell, Mrs. C. Gausden; Sec., Mrs. I. Parkinson, 58 Hearn Ave.; Treas., Miss C. Zeigler, 48 Delhi St.; *Committees: Social*, Miss E. Stockford; *Program*, Mrs. G. Farley; *Gifts & Cards*, Miss E. Stewart, Mrs. W. J. Fairweather; *Overseas Parcels*, Miss E. Padfield; *Scholarship*, Miss K. Cleghorn; *Reps.* to: *Blue Cross*, Miss D. Monteith; *Press*, Mmes Gausden, Parkinson; *The Canadian Nurse*, Miss J. Scott.

### A.A., St. Joseph's Hospital, Guelph

Hon. Pres., Rev. Sr. M. St. Paul; Hon. Vice-Pres., Rev. Sr. M. Alphonsine; Pres., Mrs. N. Wilton; Vice-Pres., Mrs. E. Dale; Sec., Miss D. Milton, 159 Woolwich St.; Corr. Sec., Miss H. Harding; Treas., Mrs. K. Thomson; *Entertainment Conv.*, Miss M. Judson.

### A.A., Hamilton General Hospital

Hon. Pres., Miss C. E. Brewster; Pres., Miss E. Ferguson; Vice-Pres., Miss G. Blyth, Mrs. E. Lamb; Rec. Sec., Miss M. Cameron, H.G.H.; Asst., Miss R. Truscott; Corr. Sec., Miss M. Irving; Treas. & Asst., Misses D. & H. Cosford; Sec.-Treas. & Asst., Mutual Benefit Ass'n, Misses M. Morrow, A. Lush; Exec. Com., Misses E. Baird (conv.), C. Leleu, E. Bingeman, I. Mayall, M. Henderson; *Committees: Program*, Misses A. Welstead, D. Stock; *Flower & Visiting*, Miss M. Williams; *Membership*, Misses M. Stewart, V. Pezzetta; *Publications*, Misses J. Irwin, E. Weldon; *Reps.* to: *Local Council of Women*, Mrs. J. Bristow; *R.N.A.O.*, Miss K. Ingram; *Trustees, W. F. Langrill Educ. Fund*, Misses A. Scheifele (conv.), M. Watson, H. Alderson, J. Harrison.

### A.A., Ontario Hospital, Hamilton

Pres., Mrs. M. Clark; Vice-Pres., Miss M. A. Seeman; Sec., Miss S. Legris; Treas., Mrs. G. Wallace; *Committees: Social*, Misses E. Orr, A. Legres, A. Porteous; *Visiting*, Mmes M. Sutherland, D. Jeffrey; *Rep.* to *Press*, Mrs. A. Kroeker.

### A.A., St. Joseph's Hospital, Hamilton

Hon. Pres., Sr. M. Geraldine; Hon. Vice-Pres., Sr. M. Ursula; Pres., Mrs. Bert Markle; Vice-Pres., Miss E. Quinn, Mrs. J. Tilden; Sec., Miss B. Clohecy, 61 E. Ave. S.; Treas., Miss N. Hinks; *Committees: Executive*, Misses A. McCowell, N. Walsh, M. Reding, Mrs. R. C. Wheatley; *Social*, Miss A. Payne; *Publicity*, Miss D. Rilett; *Reps.* to: *R.N.A.O.*, Miss E. Freeman; *The Canadian Nurse*, Miss A. McNamara.

### A.A., Kingston General Hospital

Hon. Pres., Miss L. D. Acton; Pres., Mrs. C. Cornwell; Vice-Pres., Mrs. D. Meek; Sec., Miss D. Hall, K.G.H.; Treas., Miss R. Atkins, K.G.H.; *Committee Conveners: Flower*, Mrs. Smith; *Refreshments*, Miss M. Blair; *Reps.* to: *Film Council*, Mrs. Spence; *Local Council of Women*, Mrs. Leggett; *Private Duty Nurses*, Mrs. H. Jackson.

### A.A., Kitchener-Waterloo Hospital, Kitchener

Hon. Pres., Miss Jessie Young; Pres., Miss Anne Leslie; Vice-Pres., Mmes R. Hodd, R. Ruppel; Sec., Miss Doris Murray, Nurses' Res., K-W.H.; Corr. Sec., Miss Elaine Snider; Treas., Miss Doris Backer.

### A.A., St. Mary's Hospital, Kitchener

Hon. Pres., Sr. M Augustine; Hon. Vice-Pres., Sr. M. Grace; Pres., Mrs. D. Hentges; Vice-Pres., Misses M. Kuntz, E. Rogers; Rec. Sec., Mrs. O. Meyer; Corr. Sec., Mrs. M. Weber, 218 Ottawa St. N.; Treas., Miss A. Pautka.

### A.A., Ross Memorial Hospital, Lindsay

Hon. Pres., Miss E. Reid; Hon. Vice-Pres., Miss B. M. Allen; Pres., Mrs. H. Lawrence; Vice-Pres., Mmes A. Terrill, E. Mark; Sec.-Treas., Miss W. Windatt, R.M.H.; *Committees: Membership*, Misses J. Ferguson, L. Brintnell; *Program*, Mmes V. Wagstaffe, M. Morrison, Miss Brintnell; *Rep.* to *Press*, Miss I. Bruss.

### A.A., Ontario Hospital, London

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### A.A., St. Joseph's Hospital, London

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### A.A., Victoria Hospital, London

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### A.A., Greater Niagara Hospital, Niagara Falls

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### A.A., Oshawa General Hospital

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### A.A., Lady Stanley Institute (Incorporated 1918) Ottawa

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### A.A., Ottawa Civic Hospital

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### A.A., Ottawa General Hospital

Hon. Pres., Rev. Sr. Marie Idella; Pres., Mme Noël Chassé, 311 Laurier Ave. E.; Vice-Pres., Miss M. Gormley, Mrs. D. Kipp; Sec., Miss D. Finlan; Treas., Miss D. Brennan; *Membership Sec.*, Rev. Sr. Helen of Rome; *Councillors*, Misses J. Frappier, P. Mantha, T. Hurtubise, T. Rathier, Mmes A. Lecoura, R. Seguin.

### A.A., St. Luke's Hospital, Ottawa

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### A.A., Owen Sound General and Marine Hospital

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### A.A., Peterborough Civic Hospital

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### A.A., St. Joseph's General Hospital, Port Arthur

Pres., Mrs. Edith Chase; Vice-Pres., Miss Mary McEwen; Rec. Sec., Mrs. Isobel Purves, 25 Marlborough Rd.; Corr. Sec., Mrs. Isabel McLean; Treas., Mrs. Amy Hague; *Executive*, Mmes N. Vescid, K. Young, Misses F. Naden, V. Orr.

### A.A., Mack Training School, St. Catharines

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### A.A., St. Thomas Memorial Hospital

Hon. Pres., Miss Isabell Stewart; Pres., Mrs. D. Higgs; Vice-Pres., Mrs. F. Astbury; Sec., Miss A. Claypole; Corr. Sec., Miss Etta Dodds, 33 Wellington St.; Treas., Miss D. Ferguson.

### A.A., Sarnia General Hospital

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### A.A., Stratford General Hospital

Hon. Pres., Miss A. Munn; Pres., Mrs. B. Heinbuch; Vice-Pres., Miss B. Mousseau; Sec., Mrs. B. Ische, Box 89, Sebringville; Treas., Miss A. Woelfle, 303 Cambria St.; *Committees: Social*, Misses R. Cleland, M. Murr, Mmes Hill, Nelson, Ellison; *Flower & Gift*, Misses Hildreth, Hutchison; *News Reporter*, Mrs. M. Stoskopf; *Rep.* to *Press*, Mrs. Heinbuch.

### A.A., The Grant Macdonald Training School for Nurses, Toronto

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### A.A., Hospital for Sick Children, Toronto

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### A.A., Riverdale Hospital, Toronto

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### A.A., St. John's Hospital, Toronto

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### A.A., St. Joseph's Hospital, Toronto

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### A.A., St. Michael's Hospital, Toronto

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### A.A., School of Nursing, University of Toronto

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### A.A., Toronto General Hospital

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### A.A., Training School for Nurses of the Toronto East General Hospital with which is incorporated the Toronto Orthopedic Hospital

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### A.A., Toronto Western Hospital

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### A.A., Wellesley Hospital, Toronto

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### A.A., Women's College Hospital, Toronto

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### A.A., Ontario Hospital, New Toronto

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### A.A., Connaught Training School for Nurses Toronto Hospital for Tuberculosis, Weston

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### A.A., Grace Hospital, Windsor

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### A.A., Woodstock General Hospital

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## QUEBEC

### A.A., Lachine General Hospital

Pres., Miss Ruby Goodfellow; Vice-Pres., Miss Myrtle Gleason; Sec.-Treas., Mrs. Byrtha Jobber, Sacred Heart Hosp., Caughnawaga; *General Nursing Representative*, Miss Ruby Goodfellow; *Executive Committee*, Mrs. Barlow, Mrs. Gaw, Miss Dewar.

### A.A., Children's Memorial Hospital, Montreal

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### Staff Nurses' Association Children's Memorial Hospital, Montreal

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### A.A., Homoeopathic Hospital, Montreal

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### L'Association des Gardes-Malades Diplômées Hôpital Notre-Dame, Montréal

Prés., Mlle T. Leclerc; Vice-Prés., Mlles C. Des-Marais, J. Thériault; Sec.-Arch., Mlle H. Olivier; Sec.-Corr., Mlle S. Lamarche; Sec.-Adj., Mlle R. Séguin; Trés., Mlle T. Lemay; *Conseillères*, Mlles T. Lamoureux, S. Tessier, T. Goyette.

### A.A., Montreal General Hospital

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